Manitoba

ANNUAL REPORT

1985-1986

Manitoba
Health Services
Commission

Manitoba

Minister of Health
Minister Responsible for Sport

7th Floor
175 Hargrave Street
Winnipeg, Manitoba, CANADA
R3C 3R8

Winnipeg, June 27, 1986

Her Honour Pearl McGonigal
Lieutenant-Governor of the Province
of Manitoba

May It Please Your Honour:

I have the honour to submit the Annual Report of the Manitoba Health Services Commission for the 12-month period from April 1, 1985 to March 31, 1986.

Respectfully submitted,

L. L. Desjardins

The Honourable L. L. Desjardins
Minister of Health

Manitoba

Health

Manitoba Health
Services Commission

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
R3C 2T6

Winnipeg, June 27, 1986

The Honourable L. L. Desjardins
Minister of Health
Province of Manitoba

Sir:

In accordance with Section 24 of The Health Services Insurance Act, I have the honour to present the Annual Report of the Manitoba Health Services Commission for the 12-month period April 1, 1985 to March 31, 1986.

Respectfully submitted,

Evelyn Shapiro
Chairperson
Manitoba Health Services
Commission

1985/86 ANNUAL REPORT

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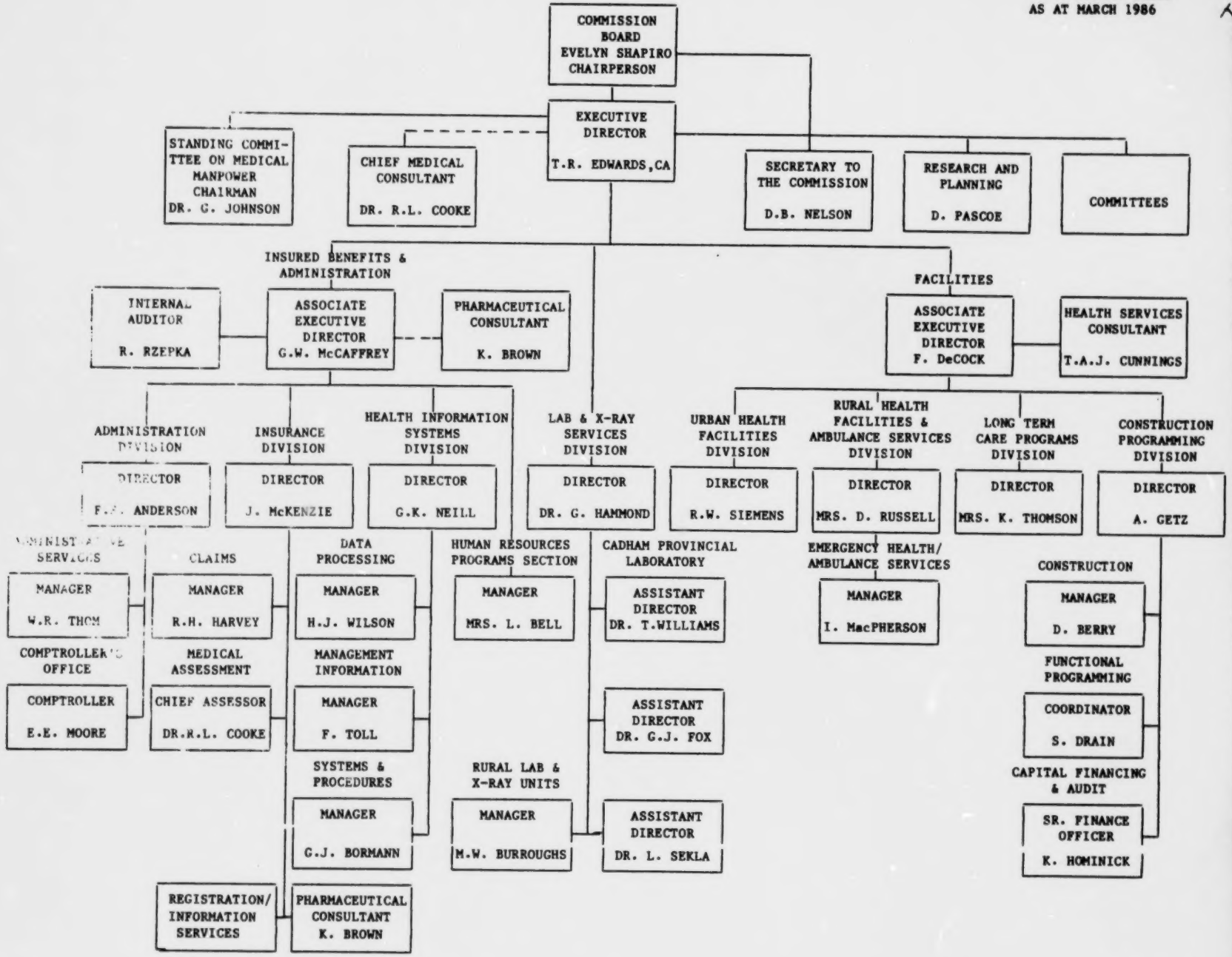
MANITOBA HEALTH SERVICES COMMISSION

ORGANIZATION CHART
AS AT MARCH 1986



INTRODUCTION

The Manitoba Health Services Commission administers the Manitoba Health Services Insurance Plan according to provisions of The Health Services Insurance Act and other relevant legislation. The Plan finances an integrated system of hospital care, medical treatment, personal care, pharmacare, and other health services for Manitoba residents.

The Commission is headed by a board appointed by government and an Executive Director who, since 1982, has also been Deputy Minister of Health. This permits a close liaison between the Commission and Manitoba Health, which is responsible for administering public and environmental health, dental health services, institutional and community mental health programs, services to seniors and home care, hearing conservation and maternal and child health, health education, health promotion and prevention programs.

The Commission has two Associate Executive Directors, one in charge of insured benefits and administration and one in charge of facilities. Eight divisions are each headed by a director. These divisions are: administration, insurance, health information systems, laboratory and x-ray services, urban health facilities, rural health facilities and ambulance services, long term care, and construction programming.

Seven standing committees, with appropriate professional membership and Commission representation, review and monitor medical practice patterns, medical appointments, medical manpower, dental claims for services performed in hospital, the Pharmacare program, access to health records, and diagnostic services.

This annual report reviews the Commission's programs, explains its organization and provides relevant statistics, financial statements and the auditor's report for the period April 1, 1985 to March 31, 1986.

HIGHLIGHTS

During 1985/86 the Commission:

- Maintained a health facility construction and renovation program with projects completed in 1985/86 totalling $45,885,556, and projects under construction totalling $154,585,013.

- Approved the purchase of three new C.T. scanners, two for Winnipeg and one for Brandon. This will bring Manitoba, with a total of five C.T. scanners, in line with the national guidelines, which suggest one scanner for every 200,000 people.

- Inaugurated Life Flight, Manitoba's Air Ambulance Program, offering emergency transport to hospital for critically ill or injured citizens from all areas of the province.

- Received the report of the Health Services Review Committee in November, 1985 with the reports of 15 subcommittees. Although reports agreed on the need for adequate funding for hospitals and institutions, subcommittees concurred with the main steering committee on the need for expansion of viable alternatives to traditional in-patient institutional care. Some of the suggested alternatives were: Not-for-admission surgery, ambulatory care medical services, out-patient diagnostic services, continuing care and adult day care, admission and discharge planning.

- Commenced functional programming of a 60-bed extended treatment unit at Concordia General Hospital, in accordance with a recommendation of the Health Services Review Committee. This is one of two extended treatment units recommended and planned. The other is to be at Grace General Hospital.

- Inaugurated a province-wide outreach chemotherapy program after a successful five-year trial under the auspices of the Manitoba Cancer Treatment and Research Foundation. Computers linking participating rural hospitals to the Manitoba Cancer Treatment and Research Foundation enable rural physicians to consult with oncologists in Winnipeg on chemotherapy treatment protocols. Rural cancer patients are spared the trauma and expense of travel to Winnipeg for treatment.

- Participated in the dedication of the completed Medical Support Services Building at the Health Sciences Centre to Dr. Paul H. T. Thorlakson, distinguished former professor of surgery, who was associated with the Winnipeg General Hospital for 50 years and past Board member of the Manitoba Health Services Commission. The Thorlakson Building completes Phase I of the Centre's redevelopment.

- Established the Cadham Provincial Laboratory as an alternate screening centre for measurement of antibodies to the AIDS virus.

- Reached agreement with the Manitoba Society of Professional Pharmacists on a capitation fee plus drug acquisition cost as the method of reimbursement for pharmaceutical supplies to residents of personal care homes.

- Signed a four year agreement with the Manitoba Medical Association covering the period April 1, 1985 to March 31, 1989 that contains a provision to settle fee disputes by binding arbitration commencing April 1, 1986.

MANITOBA HEALTH SERVICES COMMISSION

Board Members:

Evelyn Shapiro, Chairperson
T. R. Edwards, C.A., Vice-Chairman
Sister Bertha Baumann
Dianne Howell
Allan Rosky
René Toupin
Sue Wood, M.D.

D. B. Nelson, Secretary

The Commission Board is responsible for performing the duties and functions assigned to it by the Lieutenant Governor in Council and the Minister of Health in accordance with The Health Services Insurance Act and other relevant legislation. Legislation specifically requires the Commission to:

- provide insurance to Manitoba residents for hospital, personal care, medical and other specified health services

- ensure that adequate standards are maintained in hospitals, personal care homes and related health facilities

- with the approval of the Minister of Health, plan, organize and develop throughout the province a balanced and integrated system of hospitals and related health facilities and services.

From April 1, 1985 to March 31, 1986 the Commission Board met six times in all-day sessions to consider a variety of issues.

The Board has responsibility to advise the Minister on policy issues and act as a regulatory body. Proposed staff action is customarily presented to the Board for prior approval and each presentation is supported by relevant studies and justification. Background material on which decisions are based is forwarded to the Commissioners in advance of the regular bi-monthly meetings.

During 1985/86 the Commissioners made a detailed study of spending estimates for 1986/87.

Delegations representing several facilities met with the Commissioners to appeal budgets. Budget appeals are often based on a perceived need for more staff or for new or expanded programs. Commissioners base their decision on staff reports and additional information provided by institutional boards during the appeal process.

The Commissioners frequently ask staff for detailed studies of aspects of health care or recommend to the Minister of Health that such studies be commissioned.

During 1985/86 the Commissioners asked staff to prepare several special studies dealing with such subjects as hospital staffing patterns, bed utilization, intensive care admission criteria, diabetes education and foot care.

The Commission Board monitors new programs by requesting periodic progress reports with relevant results.

STANDING COMMITTEES

Medical Review Committee

Members:

A. Rogers, M.D., Chairman
K. Collier, M.D.
A. Earn, M.D.
I. Elliott, M.D.
S. Fleming, M.D.
S. Kay, M.D.
M. Wahn, Ph.D.

N. Yourechuk, Secretary

The Medical Review Committee, established under The Health Services Insurance Act, reviews patterns of medical practice. It is composed of nominees of the Manitoba Health Services Commission, the Manitoba Medical Association and the College of Physicians and Surgeons of Manitoba.

From April 1, 1985 to March 31, 1986 the Committee met 18 times. It heard appeals from a number of physicians regarding assessment of their claims by the Manitoba Health Services Commission and reviewed 340 physicians' patterns of practice. Explanations were found for 238 of these patterns. The remainder were subject to one or more of the following actions:

- 102 physicians were notified by letter that their patterns of practice varied from the peer average and were under review.

- a number of physicians were asked to do a self review of their patterns in areas of departure from the peer average.

- a number of physicians reporting large volumes of personal care home services were informed of possible audits by the Commission.

Three physicians' patterns of practice were formally reviewed. Two reviews were completed and orders were made for recovery of payments totalling $128,405.56. The third physician's formal review is continuing.

In addition to the above, the Committee:

- Communicated with the Manitoba Health Services Commission, the Manitoba Medical Association, and the College of Physicians and Surgeons of Manitoba about guidelines for personal care home services, interpretation of rules applying to special calls, and the educational function of the Medical Review Committee.

- Communicated and met with the Manitoba Medical Association, the Manitoba Health Services Commission and the College of Physicians and Surgeons of Manitoba in connection with proposals to amend the Medical Review Committee.

- Met informally with one physician at his request to discuss his pattern of practice.

Dental Review Committee

Members:

J. D. Chimilar, D.M.D., Chairman
B. Friesen, D.M.D.
I. Micflikier, Periodontist
G. Potter, D.M.D.
P. Walton, D.M.D.
J. Wener, D.M.D.

The Dental Review Committee monitors claims for dental surgery and related hospital services, analyzing claims forms from dentists and hospitals with dental certificates and x-rays.

From April 1, 1985 to March 31, 1986 the committee met nine times and reviewed 3,695 hospital and dental claims to determine whether these qualified as insured services. Based on this review 17 claims were rejected and 33 claims were adjusted.

Pharmacare Committee

Members:

K. Brown, B.Sc.Pharm., Chairman
M. Morry, B.Sc.Pharm.
A. Pringle, B.Sc.Pharm.
R. Sanders, B.Sc.Pharm.
A. Orlikow, B.Sc.Pharm.
S. Fingerote, B.Sc.Pharm.
G. Lawson, B.Sc.Pharm.

The Pharmacare Committee is composed of pharmacists from government and private practice. Its dual purpose is to provide professional guidance in determining which drugs should be included as benefits under the Pharmacare Program and to maintain contact with practicing pharmacists.

From April 1, 1985 to March 31, 1986 the committee met once to review administrative procedures related to the Pharmacare Program and to recommend revisions to the schedule of eligible drugs.

Medical Appointments Review Committee

Members:

I. Trueman, Chairman
E. Backman
F. P. Doyle, M.D.
D. Gerrie
R. G. Handford, M.D.
J. F. S. Hughes, M.D.
M. McConnell, M.D. (from February 19, 1986)
D. N. C. McIntyre, M.D.
G. Patrick
W. H. Pendree
H. M. Ross, M.D. (to February 19, 1986)
K. Simpson, M.D. (from February 19, 1986)
K. J. Woodman, M.D. (to February 19, 1986)

D. B. Nelson, Secretary

The Medical Appointments Review Committee hears appeals filed by physicians whose applications for medical staff privileges have been refused or whose privileges have been reduced or terminated. It also hears appeals concerning applications which have not been attended to within a reasonable time. Appeals are heard only when applicants have exhausted all rights of appeal at the hospital concerned.

From April 1, 1985 to March 31, 1986, the Committee received two appeals. One appeal was heard by the Committee; the other will be heard early in 1986/87.

The appeal heard by the Committee was from an oral surgeon who had been refused admitting and treatment privileges in a hospital's Department of Surgery. After carefully considering the presentations made on behalf of the appellant and the hospital, the Committee recommended in favour of the hospital.

Access and Confidentiality Committee

Members:

K. Brown, M.D.	Chairman, College of Physicians and Surgeons of Manitoba
N. Donen, M.D.	St. Boniface General Hospital
G. Fletcher	Manitoba Health Organizations, Incorporated
B. J. Kaufman, M.D.	Health Sciences Centre
S. Morris	Manitoba Medical Association
S. Storry	Manitoba Health Records Association
F. Toll, Secretary	Manitoba Health Services Commission

The Access and Confidentiality Committee advises the Commission on the confidentiality of and appropriate access to health services data in its computerized information system.

From April 1, 1985 to March 31, 1986 the committee met four times. Eleven requests for access to Commission data were considered; all were recommended for Commission approval.

Standing Committee on Medical Manpower

Members:

G. Johnson, M.D.	Chairman, Standing Committee on Medical Manpower
M. Painchaud	Executive Secretary, Standing Committee on Medical Manpower
R. A. Bailey, M.D.	College of Physicians and Surgeons of Manitoba
L. Bellan, M.D.	Professional Association of Residents and Interns, Manitoba (PARIM)
R. J. Boyd, M.D.	Manitoba Medical Association
G. Dow, M.D.	Manitoba Medical Association
G. Gelowitz	Manitoba Health Organizations, Inc.
H. J. Gilmore	Urban Municipal Association
A. Goldstein	Universities Grants Commission
J. Neufeld	Union of Manitoba Municipalities
D. Pascoe	Director, Research and Planning, Manitoba Health
B. D. Postl, M.D.	University of Manitoba
Mrs. D. Russell	Director, Rural Health Facilities, Manitoba Health Services Commission
T. Williams, M.D.	Laboratory and X-ray Services, Manitoba Health Services Commission

Consultant:

T. A. J. Cunnings	Advisor, Manitoba Health Services Commission

The Standing Committee on Medical Manpower, financed by the Manitoba Health Services Commission, reports to the Minister of Health and the Minister of Education. The Committee monitors Manitoba's need for physicians, addresses problems of supply and maldistribution of physicians, and recommends corrective action.

The committee regularly reviews trends in physician population. The ratio of physicians to population in Manitoba is 1:536 including residents and interns. The national average, as estimated by Health and Welfare Canada, is 1:506.

Vacancies continue to exist in some rural localities and in some specialty areas. The latter condition is nationwide. To redress these shortages the committee oversees an incentive program. This program supports medical students in summer job experience in rural areas, offers loans to selected third and fourth year students agreeing to practice in a medically underserviced area, offers rural residencies at the University of Manitoba to physicians who wish post-graduate training in specialties needed in rural areas, and approves incentive grants to physicians wishing to establish practice in medically underserviced areas.

The committee has assumed the major responsibility for placement services and maintains a list of communities seeking physician services and a complementary list of physicians seeking practices.

The committee also monitors physician immigration as approved by federal and provincial immigration authorities.

Details of the program are to be found in the Annual Report of the Standing Committee on Medical Manpower, including data concerning physician supply and distribution.

Standing Committee on Diagnostic Services

Members:

J. C. Wilt, M.D.	Chairman, Manitoba Health (to September 27, 1985)
T. A. J. Cunnings	Interim Chairman, Manitoba Health Services Commission (from Sept. 27/85)
R. Banerjee, M.D.	Manitoba Medical Association
D. Bowden, M.D.	University of Manitoba
J. N. Briggs, M.D.	College of Physicians and Surgeons of Manitoba (to April 19, 1985)
F. P. Doyle, M.D.	College of Physicians and Surgeons of Manitoba (from April 19, 1985)
G. Hammond, M.D.	Manitoba Health Services Commission (from November 13, 1985)
R. H. Harvey	Manitoba Health Services Commission
R. O. Hinch, M.D.	College of Physicians and Surgeons of Manitoba (to April 19, 1985)
J. Lane	Citizen Representative
P. G. Lommerse, M.D.	College of Physicians and Surgeons of Manitoba (from April 19, 1985)
T. A. Yeo, M.D.	Manitoba Medical Association
F. Toll, Secretary	Manitoba Health Services Commission

Resource Consultants:

H. Friesen	Manitoba Health Services Commission
J. Lock	Manitoba Health Services Commission

The Standing Committee on Diagnostic Services advises the Commission on requests for new diagnostic facilities and on requests for expanded services in facilities already in place. It also acts as a reference and consultative body about problems in the operation of diagnostic services which the Minister of Health or the Manitoba Health Services Commission may refer to it.

The Committee met four times during 1985/86 and considered twelve requests. Two of the requests were recommended for approval and seven were not. Of the three remaining, one was withdrawn and resolution of two was pending on March 31, 1986.

INSURANCE DIVISION

The Insurance Division is responsible for assessing and processing claims from practitioners and individuals; for assessing complex medical claims and for assessment and processing of claims for insured services to Manitoba residents rendered in other provinces, territories or countries.

From April 1, 1985 to March 31, 1986 the total number of claims processed was 8,296,574 an increase of 6.6 percent over 1984/85. The total number of out-of-province claims processed was 65,321, an increase of 7.6 percent over 1984/85.

Information on insured services and programs is provided to the public by direct inquiry and by the preparation, publication and distribution of pamphlets, booklets, brochures and posters and periodically by media advertising campaigns.

The division determines eligibility for insured services and benefits and is responsible for registration and enrollment of all residents of Manitoba in the Manitoba Health Plan.

Eligibility for Insured Health Services and Benefits

All Manitoba residents are entitled to insured health benefits provided by the Manitoba Health Services Commission. This applies when they are in Manitoba or when visiting elsewhere. When health services are required as the result of injuries through the negligence of a third party, all or part of the costs are recoverable from insurance companies.

Newcomers from other provinces or territories establishing permanent residence in Manitoba must wait three months for all benefits, except residence in a personal care home (see last paragraph of this section). During this three-month period, new residents are encouraged to retain health insurance coverage with the plan of their former province or territory. Manitobans leaving the province permanently are provided with coverage for a similar period under the Manitoba Plan.

If a person taking up permanent residence in Manitoba has previously lived in another country, benefits are available on the date of arrival in Manitoba.

New residents are required to register themselves and their dependents with their employer, with the municipality where they live, or with the Commission.

Former residents of Manitoba who previously lived here for 30 years or more can be considered for personal care home benefits on the date of their return to Manitoba. Newcomers to Manitoba and former residents of less than 30 years residency are eligible for personal care home benefits after living in Manitoba for 24 consecutive months. In all cases an assessment panel must determine whether or not an applicant qualifies for placement.

Medical Program

The medical program provides insured physician services in facilities, in the physician's office or in the patient's home. Rates of payment for various medical procedures are based on a Schedule of Benefits negotiated between the Commission and the Manitoba Medical Association. In 1985/86 the Commission processed 7,548,115 physicians' claims totalling $189.4 million, an increase of 5.4 percent in claims and 6.6 percent in payments over 1984/85.

Other Insured Health Services

Also insured are certain services provided by optometrists, chiropractors, and dental surgeons.

Optometric benefits include a complete eye examination with refraction and prescription performed annually or as medically required. The initial fitting and contact lenses following congenital cataract surgery are insured. In 1985/86 the Commission processed 244,171 optometric claims totalling $4.4 million, an increase over 1984/85 of 34.2 percent in claims and 11.5 percent in the amount paid.

Chiropractic services are insured up to a maximum dollar amount for each individual for benefits received during a calendar year. In 1985/86 the Commission processed 499,352 chiropractic claims totalling $7.5 million, an increase over 1984/85 of 15.6 percent in claims and 10.3 percent in the amount paid.

Insured dental services include certain surgical procedures when performed in a hospital by registered dentists or oral surgeons. In 1985/86 the Commission processed 4,692 dental claims totalling $1.2 million, a decrease of 17.3 percent from 1984/85 in claims and no change in the amount paid.

Specific prosthetic and orthotic devices and services, including certain limb and spinal braces, are also insured when prescribed by a medical practitioner. In 1985/86 17,783 devices and services cost $2.0 million, an increase over 1984/85 of 6.8 percent in the number of devices and services supplied and 11.1 percent in the amount paid.

The cleft lip/palate program insures the cost of routine dental maintenance, prosthetics, including crowns and bridges, and the services of orthodontists for children under 18. In 1985/86 the Commission processed 666 cleft lip/palate claims totalling $115,600, an increase of 9.2 percent over 1984/85 in the number of claims and 38.9 percent in the amount paid.

Breast prostheses and surgical brassieres are insured up to a maximum limit of $125 per prosthesis. The program allows two prostheses to be purchased every four years for a single mastectomy or four for a double mastectomy. A subsidy of $10 per surgical brassiere up to a total of two brassieres in each 12-month period is provided. In 1985/86 the Commission processed 1,443 claims for mastectomy prostheses totalling $128,500, a decrease of 4.2 percent from 1984/85 in prostheses supplied and a decrease of 7.9 percent in the amount paid.

For children under 18 the Hearing Aid Program provides for reimbursement of 80 percent of the cost of a hearing aid every four years and approved services in excess of a deductible amount of $75. Additional hearing aids may be subsidized during the four-year period if they are medically required and if the purchase is supported by a statement from an otolaryngologist or an audiologist. In 1985/86 the Commission processed 114 audiological claims resulting in payment for 180 hearing aids totalling $51,400, a decrease of 4.2 percent from 1984/85 in the number of claims and 10.3 percent in the amount paid.

Orthopaedic shoes are insured for children under 18. The Commission pays 50 percent of the cost of stock shoes up to a maximum benefit of $23.65, 50 percent of the cost of shoes for children with different sized feet to a maximum benefit of $35.50, and 50 percent of the cost of custom-made shoes to a maximum benefit of $118.25. Four dollars and seventy-five cents ($4.75) per pair of shoes is allowed for alterations. Insured purchases are limited to two pairs of shoes in 12 months. In 1985/86 the Commission processed 907 claims totalling $20,700, a decrease of 1.7 percent from 1984/85 in the number of claims and 3.7 percent in the amount paid.

The Commission insures telecommunication devices for the profoundly deaf. This equipment makes it possible to conduct telephone conversations by keyboard and display terminal. Qualified purchasers of such equipement receive 80 percent of the cost in excess of a deductible amount of $75 to a maximum of $364.

In 1985/86 the Commission processed 22 claims for such devices totalling $5,200, a decrease of 47.6 percent from 1984/85 in claims and 60.6 percent in the amount paid.

The Commission partially insures eyeglasses for persons 65 and over. This program pays 80 percent of the cost towards approved maximum amounts for prescribed eyeglasses including dispensing fees, lenses and standard frames over a deductible amount of $50. In 1985/86 the Commission processed 20,157 claims for eyeglasses totalling $695,200, an increase over 1984/85 of 7.0 percent in claims and a decrease of 3.2 percent in the amount paid.

Pharmacare Program

The Pharmacare Program protects Manitobans from financial hardship resulting from expenses for prescription drugs. For the calendar year 1985 this program covered 80 percent of the cost of eligible prescription drugs in excess of an initial deduction of $50 for those age 65 and over and their families. For persons under 65 the deductible amount was $100.

Advice and guidance on the listing of currently eligible drugs and other matters relating to the Pharmacare Program is provided to the Commission by the Pharmacare Committee.

In 1985/86 the Commission processed 179,700 claims totalling $27.6 million.

For the 1975 benefit year, the year universal Pharmacare was introduced, the Commission processed 80,329 claims totalling $4.3 million. Ten years later, for the 1984 benefit year, the Commission processed 169,508 claims totalling $24.1 million, a 111 percent increase in claims processed and a 460 percent increase in program costs.

FACILITIES DIVISIONS

Hospitals

At March 31, 1986 Manitoba had a total of 5,538 active treatment beds and 1,020 extended treatment beds to service a population of 1,108,760. Fifty-six percent of the population lives in Winnipeg with 3,053 active treatment beds and 797 extended treatment beds in two teaching hospitals and six community hospitals ranging in size from 136 beds to 1,119 beds. Because rural and non-residents accounted for 21.1 percent of patient days in Winnipeg hospitals the actual beds available to Winnipeg residents are 3.9 per 1,000.

Manitoba's rural population is served by 71 community and district hospitals ranging in size from under 15 beds to 430 beds plus two federal hospitals and 18 northern nursing stations. This provides an overall rate of 5.0 active and 0.9 extended treatment beds per 1,000 population.

Standards of care and service in Manitoba hospitals are monitored by consultants employed by the Commission. These officers provide a consulting service covering most aspects of hospital operations including staffing patterns, laboratory and organ imaging, diagnostic services, nursing, dietetics, pharmacy and other support services, including administration and finance. They also assist in the planning, development and implementation of programs. Finance officers review budget submissions, financial and statistical returns, and prepare rate recommendations and year-end settlement proposals.

Hospital Insured Services

Health services provided to persons in hospital as insured services are:

- standard ward accommodation and meals (for preferred accommodation a hospital may bill a patient directly)
- necessary nursing services
- laboratory, radiological and other diagnostic procedures
- drugs, biologicals and related preparations
- use of operating room, case room and anaesthetic facilities
- routine medical and surgical supplies
- radiotherapy, physiotherapy, occupational and speech therapy
- other goods and services approved by the Commission

Most out-patient services are insured. In some cases the hospital may charge for take-home supplies of drugs and dressings.

In 1985/86 insured hospital services cost $623.6 million, an increase of 7.2 percent over 1984/85. This included 1,857,875 insured days for separated patients; 1,774,897 for adults and children, and 82,978 for newborns; an increase of 3.2 percent over 1984/85.

In the period 1981/82 to 1985/86 hospital funding, including construction, increased by 90 percent. This is more than double the cost of living increase for the same period at 39 percent.

Computed Tomography

In February, 1986, the Board of the Manitoba Health Services Commission approved the report of the Computed Tomography Advisory Committee recommending that Manitoba have a total of five C.T. scanners by 1987 - three more than we currently have.

The Advisory Committee recommended that one of three new scanners be installed at Brandon General Hospital and the other two be placed in Winnipeg where 55 percent of Manitoba's population resides. Five scanners will bring Manitoba in line with national guidelines, which suggest one scanner for every 200,000 people. The committee recommended that the three new scanners for Manitoba be purchased as a package for a possible price advantage.

The committee also acts as advisor to the Commission on all matters relating to new diagnostic imaging modalities such as magnetic resonance.

The Committee is composed of administrative and clinical representatives of the Health Sciences Centre, St. Boniface General Hospital, other Winnipeg hospitals, the urban community, the rural community, Brandon General Hospital, the University of Manitoba and the Manitoba Health Services Commission.

Chemotherapy Outreach Program

In July, 1985 the Commission agreed to fund a province-wide chemotherapy outreach program originated in 1978 by the Manitoba Cancer Treatment and Research Foundation to test the hypothesis that rural general practitioners, with the assistance of qualified oncologists, could deliver cancer treatment safely and effectively.

During the trial period five outreach centres were established at Brandon, Dauphin, Flin Flon, Thompson and The Pas. At the end of five years, evaluation of the safety and efficiency of the program demonstrated that under it rural patients received care that by all traditional standards was equivalent to that given in a tertiary care centre.

The program, under the direction of Dr. Harvey Schipper, has become a model for similar outreach services being established elsewhere in Canada.

During phase one of the program's development as a permanent feature of cancer treatment in Manitoba, computer software is being developed to link micro-computers in participating rural hospitals to the computer at the Cancer Treatment and Research Foundation.

Morden and District General Hospital is the first of a series of new outreach centres to be established in the future.

The program is expected to rationalize cancer treatment costs through better use of tertiary care beds and equipment and to realize economies through bulk purchase of drugs. It will also establish a province-wide management data base and make investigational treatments more easily available outside Winnipeg.

Ophthalmology Program - Seven Oaks General Hospital

On October 14, 1985 a program of ophthalmological day surgery began at Seven Oaks General Hospital with the objective of performing 1,000 procedures a year. To March 31, 1986 the program averaged 48 procedures a month.

The shortfall in expected procedures has been due to difficulties in adjusting the hospitals surgical slates to the schedules of ophthalmologists with surgical workloads at other hospitals. Seven Oaks Hospital has increased the number of surgical time blocks allocated to ophthalmological surgery, allocated an additional one-half operating room, and recruited additional staff.

The program was instituted in response to a report of the Ophthalmology Review Committee, a subcommittee of the Health Services Review Committee. In late 1983, this subcommittee approached five urban hospitals to submit proposals for a program capable of performing 1,000 out-patient procedures in a year. This measure was considered essential because by early 1984, a backlog of patients waiting for surgery existed at all hosp tals. All Winnipeg ophthalmologists were given privileges at Seven Oaks General Hospital to perform out-patient eye surgery.

The Commission approved annualized costs of $604,226, renovation costs of $2,000 and equipment costs of $228,827.

LONG TERM CARE PROGRAMS DIVISION

The Long Term Care Programs Division is responsible for administering, approving budgets, establishing and monitoring standards of the Personal Care Home Program, the Adult Day Care Program, the Respite Care Program, Deer Lodge Centre and Community Therapy Services of Manitoba.

Division consultants work closely with other government departments such as the office of the Provincial Gerontologist, the Interdepartmental Committee on Support Services for Seniors, which approves funding for community programs to help maintain the independence of the elderly in the community; Elderly Persons' Housing and the Office of Continuing Care, Manitoba Health, which provides home nursing, social assessment and homemaking services for elderly clients.

Personal Care Home Program

An assessment panel of health professionals including a physician, a senior social worker, a senior nurse and the regional Continuing Care coordinator, determines whether or not an applicant can be cared for appropriately at home and, if not, approves the need for care at one of four levels in a personal care home.

Levels of care are determined by the amount of nursing care required by the resident. Nine percent of residents are at level one, the lightest level; 31 percent at level two, 30 percent at level three and 30 percent at level four.

The Personal Care Home Program provides the following insured benefits:

- accommodation at the standard ward level
- meals, including special and therapeutic diets
- necessary nursing services
- routine medical and surgical supplies
- prescribed drugs, biologicals and related preparations approved by the Commission
- physiotherapy and occupational therapy services
- routine laundry and linen services
- other goods and services approved by the Commission

Since 1973, when Manitoba became one of the first three provinces to provide a universally insured personal care home program, residents have paid a residential charge amounting to approximately 25 percent of total cost. At March 31, 1986 this charge was $16.60 a day.

In 1974, the first full year of the program's operation, the cost was $34.1 million for 2,455,173 resident days in 95 facilities.

In 1985/86 the cost was $152.0 million for 3.0 million resident days in 113 facilities.

Of Manitoba's 113 personal care homes, 34 are in Winnipeg with a total of 4,546 beds and 79 are in other regions with a total of 3,699 beds.

In addition, there are 185 personal care home beds in Deer Lodge Centre reserved for veterans. Deer Lodge Centre, now being developed as an advanced geriatric centre, was a federal institution until 1982 when it was transferred to provincial jurisdiction.

Although no new licenses are now being issued to private nursing home operators, 20 of Manitoba's personal care homes, 13 in Winnipeg and seven in rural areas, are privately owned and operated for profit. The majority - 93 - are non-proprietary, operated by municipal authorities or non-profit religious or charitable groups.

At March 31, 1986, nearly half - 48 percent - of all personal care home residents were over 85 and 21 percent were between 80 and 84. Of the remainder, five percent were under 65, four percent were between 65 and 69, eight percent were between 70 and 74, and fourteen percent were between 75 and 79.

Therapy Services in Personal Care Homes

Therapy services in personal care homes are provided by Community Therapy Services of Manitoba. This organization, under the direction of the Sanatorium Board of Manitoba, is funded by the Manitoba Health Services Commission and Manitoba Health. In addition to its personal care home program the agency also provides therapy services to rural hospitals, to Home Care clients, and to the Society of Manitobans with Disabilities.

Personal Care Home Drug Program

Effective October 1, 1985, a new agreement was negotiated between the Commission and the Manitoba Society of Professional Pharmacists to rationalize and improve the method of supplying pharmacy services to residents of personal care homes. Pharmacists providing service to personal care homes are no longer paid a fee per prescription. They receive a capitation rate plus the acquisition cost of prescribed drugs.

A new manual of standards for provision of pharmacy services in personal care homes has been prepared placing new responsibilities for appropriate resident drug use on physicians, on staff and on pharmacists.

In addition to prescribing technical standards, hours of operation, procedures for emergencies, control and safety, and a reporting system, the standards manual emphasizes the need for measures to improve the use of drugs by the elderly.

Standards specify that the Manitoba Personal Care Home Prescribing Guide be the accepted formulary and that the monitored dosage system be used. They direct that the board of directors of each personal care home appoint a Pharmacy and Therapeutics Committee to include the pharmacist, the medical director and the director of nursing. This committee is to formulate, develop, and approve all policies relating to handling of pharmaceuticals; to acquaint staff with current drug knowledge; and to conduct ongoing reviews of drug use in the personal care homes.

The standards state that pharmacists should conduct regular in-services to acquaint medical and nursing staff with new drug information, should regularly review residents' drug treatment and health records, and participate with other health team members in promoting appropriate drug use for personal care home residents.

At the Commission information provided on pharmacy claims is being computerized to improve financial, administrative and drug utilization monitoring.

Adult Day Care Program

The Adult Day Care Program has proved to be a valuable resource in the continuum of care for the elderly. It strengthens the ability of frail, at risk participants to remain in the community, it combats the debilitating effects of social isolation, and it provides respite for family and primary care providers.

Programs are usually sponsored by personal care homes and clients are referred by the regional Continuing Care coordinator.

Since some personal care homes are unable to sponsor programs and some communities do not have personal care homes, free-standing and non-institutional sponsors are now being sought. At March 31, 1986 there were five such programs, three in Winnipeg and two in rural Manitoba.

In 1985/86 $1,120,500 was allotted to 50 sponsors, an increase of five over 1984/85. Thirteen sponsors expanded programs and a program for the young disabled began in November, 1985. A total of 768 people participated, 442 in Winnipeg and 326 in rural Manitoba.

Respite Care Program

The Respite Care Program began in 1980 in personal care homes choosing to participate. It offers families providing care for dependent relatives periods of planned respite.

At March 31, 1986 there were 23 personal care home sponsors, 12 in Winnipeg and 11 in rural Manitoba. In 1985/86 362 people had used the beds in 600 admissions and 8,510 days of care.

The Health Services Review Committee, which published its report in November, 1985, recommended strengthening support programs such as Respite Care to reduce institutionalization of the elderly. When the Minister of Health asked the committee to study and recommend on a capital expenditure of $17.5 million to address perceived hospital bed shortages in Winnipeg, agreement was unanimous that $8.5 million be allocated to construct 80 to 90 additional extended treatment beds out of which there would be established some beds for Respite Care.

MEDICAL TRANSPORT

Ambulance Services Program

The Manitoba Ambulance Services Program is an annual grant assistance program to municipal governments based on per capita payments from the Commission to municipalities requesting assistance in providing ambulance service. The grants may be applied towards the purchase of ambulance vehicles and equipment or to subsidize operating costs. In 1985/86, 1,582 licensed drivers or driver/attendants operated 127 ambulances throughout the province, with 185 municipalities and towns plus 19 local government districts receiving approximately $2.1 million in grants under the program.

Each ambulance service and all drivers and driver/attendants are licensed annually. The majority of drivers and driver/attendants are community volunteers, except in Winnipeg, Brandon, Thompson, Selkirk and Flin Flon, which have full-time staff. Ashern, Portage la Prairie, Neepawa, Swan River and The Pas each have full time private services. Ambulance vehicles and equipment are inspected annually to ensure compliance with minimum standards.

The training program for ambulance personnel has now certified 715 people at the first responder level. This program was developed and coordinated by Commission staff and delivered throughout the province by 87 certified volunteer instructors.

During 1985 a Commission program developer formulated the curriculum for Emergency Medical Attendant Level 1 training. Application has been made to the Conjoint Committee on Accreditation of Educational Programs for Emergency Medical Technology for accreditation of this program.

Ambulance Service training is now reviewed and approved by a provincial Pre-Hospital Care Medical Advisory Committee composed of rural and urban physicians, nurses and ambulance personnel. Specific performance criteria are established to guide pre-hospsital care providers in critical situations.

Northern Patient Transportation Program

The Northern Patient Transportation Program pays ground or air transportation costs for emergencies and urgent hospital-to-hospital transfers as well as transportation costs for certain elective cases. To be eligible northern patients must require medical transportation from within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg.

- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Under this program urgent hospital-to-hospital transportation is administered by the Commission while transportation for elective hospital and medical treatment is administered by five regional authorities.

Some specific benefits include:

- return transportation for patients transferred from hospitals in northern Manitoba to any other hospital in the province
- return transportation for persons requiring elective hospital and other medical treatment which is not available at their place of residence
- return transportation for a patient's escort who may be a doctor, nurse, parent or other authorized person
- escort's reasonable overnight room and board expenses

In 1985/86, 14,128 transportation warrants were processed at a cost of $2.7 million. This is an increase over 1984/85 of 5.3 percent in warrants and 3.8 percent in the amount paid.

Air Ambulance Program

Manitoba's Air Ambulance Program, named Life Flight, began province-wide operation January 4, 1986, having initiated service in northern Manitoba two weeks earlier. At March 31, 1986 Life Flight had transported 126 emergency patients, a figure consistent with estimates made before the program began of between 400 and 600 patients annually. Most suffered from such potentially life-threatening conditions as multiple trauma, head injuries, burns, pneumonia, internal bleeding, acute respiratory distress, serious infections, cardiac problems and complications of pregnancy.

Patients are classified according to the seriousness of the illness or injury. To March 31, 1986, 31.5 percent were in the first or very serious category and 48 percent were in the second, serious category, confirming original estimates that the majority of patient transfers would be in these classifications. Of the remainder, 19 percent were classed as Code 2 and one was Code 1. Both these classifications refer to less serious illness or injury.

The cabin of the Cessna Citation SII jet aircraft was specifically designed as an ambulance. Capable of speeds up to 470 miles per hour and able to land on a short runway, the aircraft can carry two adult stretchers or two incubators, three medical personnel, a flight nurse and two pilots. The cabin is equipped with an oxygen system, suction and electrical outlets, equipment holders, storage space and sophisticated communications equipment.

The nursing staff of one supervisor and five flight nurses have experience in intensive care and emergency medicine, as well as additional training in aero medicine. Ten Life Flight pilots, each with bush flying experience, and the nurses, took the 90-hour First Responder Program in pre-hospital care as well as a course in wilderness training.

Manitoba's Life Flight is the culmination of two years of study and planning. Before July, 1984, when the Government of Manitoba approved the Commission's proposal for an air ambulance program, several internal and external studies had recommended such a service. Although Manitoba has been evacuating patients by government and commercial aircraft since 1970, it has, until now, been impossible to provide critical care in flight. Cabins lacked space for medical teams, equipment and incubators. Narrow loading doors prohibited the use of standard stretchers. Inadequate electrical supply presented difficulties in supplying oxygen and suction. The only trained staff available were at the point of transfer where they were needed.

An added disadvantage was the high cost of air transport to the patient living south of the 53rd parallel. Transport is available to residents living north of the 53rd parallel under the Northern Patient Transportation Program. In addition, since ground transport from some remote areas could take up to seven hours to reach Winnipeg, there was a demonstrated need for fast transport for emergencies.

In June, 1985 flight nurses and pilots were engaged and trained. The nurses were hired as Commission employees. The Department of Highways and Transportation, through the government air service, provides the pilots, maintenance service and a backup aircraft, billing the Manitoba Health Services Commission.

Life Flight can be accessed only by a physician or, in areas where there is no physician, by a nurse. It can be utilized in medical emergencies, when adequate care cannot be provided at the transferring site and the patient requires a stretcher and medical attention during transfer, or in special circumstances at the discretion of the medical director. There is no charge for the air ambulance program. However, ground ambulance service to and from the aircraft is still the responsibility of the patient.

EMERGENCY HEALTH SERVICES

Planning comprehensive, province-wide responses to health emergencies during times of disaster, coordinating emergency transportation and evacuation procedures, and allocating supplies and equipment under extreme circumstances, are key components of the Emergency Health Services Program. The Commission assists individual hospitals and personal care homes in developing written plans to cope with local internal and external disasters. The Commission also assists facilities with mock disaster exercises, undertaken to ensure the feasibility of disaster plans. During 1985/86, 16 such exercises were conducted.

CONSTRUCTION PROGRAMMING DIVISION

The Commission is responsible, through the Construction Programming Division, for planning and funding of a balanced program of maintenance and construction of hospitals, community clinics and personal care homes.

Construction officers with qualifications in engineering, architecture, interior design, construction and financial management monitor all design and construction activities for capital projects, extraordinary and preventive maintenance, and minor construction. The division effectively budgets, schedules and approves construction funding.

During 1985/86 seven major construction projects and 16 contingency fire commissioner and regeneration projects were completed at a total cost of $45.9 million.

The major projects completed included renovation of the laundry at Deer Lodge Centre, now in the process of complete redevelopment; a workplace safety project at Municipal Hospital, also being completely redeveloped; an addition to Gladstone Hospital, a new Salvation Army personal care home in Brandon, and three projects at the Health Sciences Centre totalling $36,188,366.

One of these was the installation of a six inch pneumatic tube system in the Rehabilitation Hospital, the Medical Support Services building and the Children's Hospital. This large tube system, which can carry specimens to laboratories, drugs to wards and instruments to operating rooms, is fully computerized and designed to service the entire 32-acre redeveloped complex. When fully operational it will have 100 stations to record all daily transactions between departments and be one of the largest systems in North America. In parts of the complex not yet redeveloped, a three inch, paper only, pneumatic tube system is functioning efficiently. The second project completed at the Health Sciences Centre is the Medical Support Services building.

Thorlakson Building

During 1985/86 the Medical Support Services Building of the Health Sciences Centre was completed at a cost of $34,738,366 and dedicated to Dr. Paul H. T. Thorlakson.

The seven-storey building with a total area of 21,457 square metres houses the Centre's clinical laboratories at levels four, five and six. The lower levels house medical records and pharmacy storage in the basement; the main entrance to the complex, medical information, admitting, gift shop and pharmacy on the ground floor; medical photographics, in-patient physiotherapy, a security room, bank, beauty and barber shops on the second floor; adult and pediatric day surgery, the cytology laboratory and electron-microscopy suite on the third floor.

The seventh floor, funded by the Health Sciences Centre Research Foundation, Inc., will accommodate the Foundation's headquarters and research laboratories.

The Thorlakson Building is one of the major components of the Health Sciences Centre redevelopment and is linked at various points to other main buildings in the complex.

The Thorlakson Building and the new Children's Hospital represent the completion of Phase I of the Health Sciences Centre redevelopment. Construction problems with the new Children's Hospital building have been rectified and occupancy is planned during the summer of 1986.

Other Projects

Work on six other redevelopment projects at the Health Sciences Centre totalling $11,560,013 began in 1985/86. Ten projects at other hospitals totalling $120,255,000 were also under construction in 1985 including renovation and upgrading to two areas of the St. Boniface General Hospital, an addition to Concordia Hospital, projects in the redevelopment of Misericordia General Hospsital, Municipal Hospital and Deer Lodge Centre; Dauphin General Hospital, Pine Falls Hospital, Neepawa Hospital and Gillam Hospital. Also, six personal care home projects, two in Winnipeg, one in Brandon and three in rural Manitoba were under construction in 1985/86. Construction costs of these six projects amount to $22,770,000 bringing the total cost of projects under construction in 1985/86 to $154,585,013.

Between 1980 and 1985 construction costs increased by 47 percent for teaching and general acute care hospitals. For personal care homes construction costs increased by 45 percent. The inflation rate for the same period was 39 percent.

ADMINISTRATION DIVISION

The Administration Division is responsible for financial and administrative services of the Commission. The division has two sections, the Comptroller's Office and the Administrative Services Section.

The Comptroller's Office is responsible for general accounting, for control of assets, budgetary planning, monitoring expenditures for health programs and reporting on these expenditures to program managers, senior staff and government in accordance with Commission and Government of Manitoba policies. The Comptroller's Office is responsible for the Financial Summary on pages 101 to 108.

The Administrative Services Section provides a central administrative support service to the Commission, including office services, physical plant operations and library services.

The Commission's administrative costs in 1985/86 were $14.5 million or 1.4 percent of total expenditures.

Library

The library offers reference and research assistance to the Commission, to Manitoba Health and other departments of government, external health organizations, students and interested health professionals and citizens.

From April 1, 1985 to March 31, 1986 the library ordered 200 new books, 20 publications from Statistics Canada and 130 periodicals and newspapers. A total of 603 items were circulated, 507 reference inquiries were answered, 65 literature searches were conducted and 324 items were circulated on inter-library loan.

HUMAN RESOURCES PROGRAMS SECTION

On March 31, 1986 the Commission employed 670 people compared to 660 on March 31, 1985. This includes several positions filled by job-sharing employees.

In 1985/86 the Commission provided work experience for 13 individuals. Nine high school and college students worked as secretarial and clerical support. Through the YMCA Job Generation Program, which provides opportunities for unemployed youth between the ages of 16 and 24, four people were placed in different areas for appropriate work experience.

During 1985/86 three individuals who previously participated in work experience at the Commission were employed at regular positions.

In the summer of 1985 the Commission employed 11 students, through the Student Temporary Employment Program, in a variety of projects, including several related to health research.

During the year, 95 University of Manitoba fourth-year medical students attended seven educational seminars at the Commission. Senior staff, representing various Commission divisions, participated in two-hour sessions consisting of presentations, a question and answer period, and a tour. The meetings provided students with an overview of the Commission's organization, functions, and programs. The Faculty of Medicine, at whose request the seminars were initiated several years ago, considers these meetings an important component of the students' education.

Five physicians enrolled in the Faculty of Medicine's Community Medicine Residency Program spent up to two weeks each at the Commission studying its operation.

HEALTH INFORMATION SYSTEMS DIVISION

The Division is made up of three sections: Data Processing, Systems and Procedures and Management Information.

Data Processing provides computer services to all divisions of the Commission including Cadham Provincial Laboratory and acts as a consultant to management on computer systems. During 1985/86 section staff were involved in:

- Implementation of a computer base for the Provincial Diabetes Education Program.
- Management information system for the ground ambulance program.
- Development of systems for an urban hospital bed registry.
- Development of a Community Health Centre Information System.
- Development of an out-of-province claims processing payment program.

Computer telecommunications are being developed to enhance and facilitate data exchange between the Commission, health facilities and health providers.

The Systems and Procedures Section is responsible for analyzing, documenting and recommending changes to existing systems and procedures, conducting studies and developing, implementing and monitoring new systems and preparation of forms, brochures, and manuals.

The Management Information Section is responsible for the compilation and circulation of statistical information on health service utilization. Separate data bases are maintained for each major program; however, through unique patient identifiers the data bases are capable of cross tabulation.

This section reviews and evaluates the process of accumulating population and health statistics to ensure their relevancy to the growing demand for information by the Commission, health facilities, provincial and federal governments, the Manitoba Medical Association, the College of Physicians and Surgeons of Manitoba and health researchers. The section publishes an annual statistical report and is responsible for the statistical section of this report to be found on pages 67 to 100.

LABORATORY AND X-RAY SERVICES DIVISION

The Laboratory and X-ray Services Program provides primary and reference laboratory, radiology, electrocardiographic, and ultrasound services in 71 rural areas of Manitoba. In addition, the Cadham Provincial Laboratory provides province-wide diagnostic, public health, and reference laboratory services. Quality control programs for the Laboratory and X-ray Services Program are co-ordinated centrally at the Cadham Provincial Laboratory.

A diagnostic ultrasound program was introduced in the Selkirk and District General Hospital on January 6, 1986. The new department will provide obstetrical, gynecological and abdominal examinations.

Three new diagnostic systems are now being used in a number of selected laboratory and x-ray units. These highly specific laboratory tests are providing Manitoba physicians with rapid results. These tests are Strep ID (R) (performed locally), and Gonozyme (R) and MicroTrak (R) (performed at the Cadham Provincial Laboratory). They assist in the diagnosis of streptococcal sore throats and gonorrhea and chlamydia infections, respectively.

In 1985/86 the microbiology section of the Cadham Provincial Laboratory experienced an increase in specimen workload due, primarily, to the increased effectiveness of the new chlamydia diagnostic technique. This section is continuing its evaluation of alternatives to the present test to respond to this important sexually transmitted pathogen.

New technology was introduced for the detection of venotoxin producing E. coli, an important food-bovul toxin.

In 1985/86 new technology was evaluated for the rapid diagnosis of pediatric respiratory and gastrointestinal virus infections. The Virus section began evaluation of testing for the human papilloma virus, recently associated with cervical cancer.

The Metabolic Diseases Screening Program continued to test all Manitoba newborns for thyroid, carbohydrate and amino acid disorders. These screening tests are designed to detect many diseases before they cause irreparable damage to the infant. In 1985/86 the program had a high yield as it identified one neonate with galactosemia, three with congenital hypothyroidism, two with cystinuria, and eight with galactosemia variants.

The Serology Section reported an increase in 1985/86 in the number of cases of measles, syphilis, Mycoplasma pneumoniae and Legionnaires' disease. Studies on Cryptosporidium are continuing. This parasite causes a self-limited diarrhoea in young children, especially in the northern part of the province. This section is responsible for diagnostic testing for the AIDS virus.

The Environmental Microbiology Section continued the microbiological studies of lake waters. Shoal Lake water was tested for enteric viruses and parasites in collaboration with the City of Winnipeg.

The Lake of the Woods and Lake Winnipeg beaches were monitored for bacterial indications of pollution as part of a longitudinal study done in collaboration with the Department of Environment and Workplace Safety and Health.

AIDS Virus Infections

In response to concerns about the worldwide spread of AIDS, the Minister of Health instituted a series of measures involving the Cadham Provincial Laboratory, Manitoba Health and the Manitoba Advisory Committee on AIDS, formed earlier. The committee includes representatives of high risk groups and health professionals.

The Committee drew up guidelines for testing patients for the AIDS virus infection. These guidelines were forwarded in an information package, prepared in cooperation with the Laboratory for Disease Control in Ottawa, to all Manitoba physicians, dentists, hospital interns and residents. The package is one component of a public information campaign designed to provide straight forward, scientific information and to discount misconceptions, particularly about transmission.

Inservice programs have been held for departmental medical and public health staff. An information brochure is available from Manitoba Health and the Sexually Transmitted Disease Telephone Information Services in Winnipeg and Brandon have been amended to include AIDS information.

In November, 1985, the Canadian Red Cross Society began screening all donated blood for AIDS virus. The Manitoba Health Services Commission contributes approximately $260,000 annually to the Manitoba Branch for this service. Screening of all organ donors began in February 1986.

An alternate diagnostic site for measurement of antibodies to the AIDS virus was established at Cadham Provincial Laboratory in December, 1985. This service is available through physician requests of individuals or their contacts at risk of infection. To March 31, 1986, 209 patients have been tested in Manitoba. Of these, 13 percent were positive for antibody to AIDS virus. An additional 40 Manitobans were previously found positive through tests done at the Laboratory Centre for Disease Control in Ottawa.

To March 31, 1986 four cases of AIDS have been reported. In view of the long incubation period additional cases are expected.

RESEARCH AND PLANNING DIRECTORATE

The Research and Planning Directorate, established in 1982, consolidates research and planning for Manitoba Health and the Manitoba Health Services Commission.

Health Services Review Committee

The director of the Research and Planning Directorate was appointed chairman of the Health Services Review Committee, formed in 1984 to provide the Minister of Health with information on a wide range of health topics. The Committee, with support from Directorate staff and staff of the Manitoba Health Services Commission continued its investigations in 1985/86.

At the time of its formation the Committee had been asked to identify major cost areas and explore consolidation, to look for alternatives to in-patient services such as more ambulatory care, to review current bed allocation and utilization and to review criteria of hospital admissions in both urban and rural hospitals.

The Health Services Review Committee included representatives from the College of Physicians and Surgeons of Manitoba, the Manitoba Association of Registered Nurses, Manitoba Health, the Manitoba Health Services Commission, the Manitoba Medical Association, rural hospitals, urban non-teaching hospitals, teaching hospitals and the Faculty of Medicine, University of Manitoba.

The committee assigned 15 sub-committees to review the following areas: administrative impacts, cardiovascular services, community health, critical care, emergency health care, services for the elderly, gastrointestinal services, Indian health services, not-for-admission surgery, obstetrics, oncology, out-patient medical services, pediatrics, respiratory services, and terminal illness.

On December 16, 1985, the Minister of Health announced that he had designated the Health Services Review Committee as a permanent advisory body on health issues and that the Committee's report would be made available to the public through the Queen's Printer. Copies were sent for comment to a number of health institutions, professional associations, and health organizations. Responses from health professionals and the public were requested by June 30, 1986.

Other Directorate activities in process or completed in 1985/86 include:

- At the request of the Minister of Health the Medical Manpower Working Group was established representing the Manitoba Medical Association, the College of Physicians and Surgeons of Manitoba, the Faculty of Medicine, University of Manitoba; and Manitoba Health. The Research and Planning Directorate is currently analyzing physician manpower data to project the province's future physician manpower requirements. Directorate representatives attend manpower-related committee meetings at the interprovincial and federal-provincial levels.

- Coordinated the report of the Mental Health Management Information System Committee, completed in October, 1985, recommending ways to establish a comprehensive, automated information system for all types of mental health services.

- Conducted an assessment, based on socio-demographic factors and nursing acuity, of all medical and psychiatric patients in the nine urban hospitals.

- Developed a day hospital database for the evaluation of provincial day hospitals.

- Prepared a final report on the evaluation of the Maternity Early Discharge Program and commenced evaluation of the community-based Management of Pregnancy-Induced Hypertension Program.

- Participated in an interprovincial study on the needs of organ transplantation.

INTRODUCTION TO STATISTICAL SECTION

The number and cost of Manitoba's insured health services are documented in this section. The registered population is included to illustrate rates of utilization for Manitoba residents. Calculations of the number and cost of medical services and patient days per 1,000 population allow comparison with similar data from other provinces.

TABLE I is an analysis of the population of Manitoba by health region, by age group and by sex. The population data are based on the Commission's records of residents registered with the plan.

M.H.S.C. HEALTH REGIONS MAP illustrates regional boundaries within Manitoba.

FIGURES I AND II BASED ON TABLE I illustrate the percentage of the population by health region and age group.

TABLE II records health services costs by program, during the five-year period April 1981 to March 1986. Overall costs for insured benefits illustrate cumulative increases for existing and new programs.

FIGURE III illustrates the cost increases shown in Table II in graphic format. It demonstrates the cumulative total costs of M.H.S.C. programs during the last five years.

FIGURES IVA TO IVD illustrate per capita costs for 1981/82 to 1985/86 for total insured health costs, hospital, medical, and personal care home services.

MANITOBA HOSPITALS MAP illustrates the geographic location and size of all Manitoba acute and extended care hospitals.

TABLE III documents the distribution of hospital and personal care home beds according to location by health region. It does not reflect the actual use of beds by residents of one region in hospitals in other regions.

FIGURE V illustrates hospital patient days per 1,000 population by region of residence, for 1984/85 and 1985/86.

TABLE IV documents the distribution of hospital cases and days for adults and children (excluding newborns) according to broad diagnostic categories. Basically the same diagnostic categories are used in Table IX which documents medical utilization. These two tables provide an overview of hospital and medical claims by diagnostic category.

TABLE V documents the rated bed capacity and net M.H.S.C. payments to each Manitoba hospital by hospital category and bed size during 1984/85 and 1985/86.

MANITOBA PERSONAL CARE HOMES MAP illustrates the geographic location and size of personal care homes outside of Winnipeg.

TABLE VI documents the distribution of personal care home residents by age, sex, and level of care as at March 31, 1986.

TABLE VII documents the rated bed capacity and net M.H.S.C. payments to each Manitoba personal care home by health region during 1984/85 and 1985/86.

TABLE VIII illustrates the distribution of health practitioners according to location by health region, based on M.H.S.C. payments over $30,000. The actual utilization of practitioners' services is not reflected in the ratio of population per practitioner.

FIGURE VI illustrates the medical services per capita cost by health region of residence, for 1984/85 and 1985/86.

TABLE IX documents the distribution of medical services and costs according to broad diagnostic categories (similar to Table IV for hospital cases and days).

FIGURE VII compares medical services per capita costs by age group and sex, for 1985/86. The significantly higher cost shown for females in the age group 15 - 34 reflects service costs related to child bearing.

TABLE X compares the average cost per patient by type of practice from 1981/82 to 1985/86.

TABLE XI shows the distribution of costs according to types of medical services, and the percentage distribution, for 1984/85 and 1985/86.

TABLE XII shows the number of medical practitioners with M.H.S.C. payments over $30,000, and the average and median payments by type of practice, for 1984/85 and 1985/86. Reference to the table's footnotes is important for correct interpretation.

TABLE XIII shows the number of oral, dental, and periodontal surgeons, optometrists, and chiropractors with M.H.S.C. payments over $30,000, and the average and median payments, for 1984/85 and 1985/86.

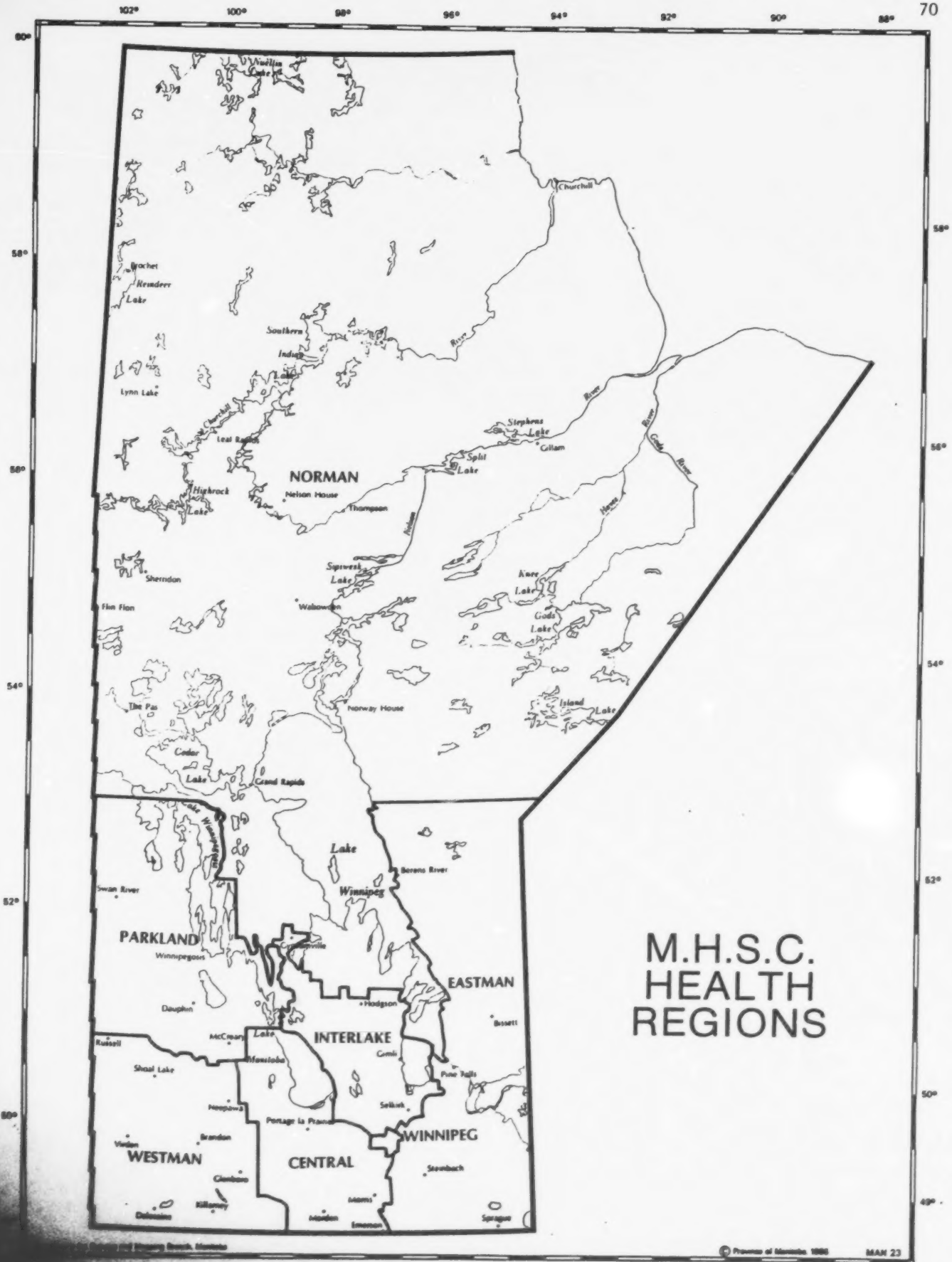
TABLE XIV illustrates the distribution and cost of medical and other health services by type of practice, for 1984/85 and 1985/86.

TABLE I

Manitoba Population by Health Region, Sex, and Age Group,
June 1, 1985.

Health Region/Sex	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Central									
Male	12,210	8,326	7,308	5,343	3,936	3,907	3,395	2,211	46,636
Female	11,671	7,773	6,728	5,099	3,958	4,342	3,655	3,003	46,229
Sub-Total	23,881	16,099	14,036	10,442	7,894	8,249	7,050	5,214	92,865
Eastman									
Male	11,298	7,466	6,423	5,179	3,555	3,191	2,412	1,385	40,909
Female	10,744	6,804	6,250	4,815	3,301	3,053	2,292	1,627	38,886
Sub-Total	22,042	14,270	12,673	9,994	6,856	6,244	4,704	3,012	79,795
Interlake									
Male	8,819	6,380	5,378	4,699	3,483	3,164	2,639	1,414	35,976
Female	8,296	5,767	5,182	4,411	3,277	3,201	2,597	1,695	34,426
Sub-Total	17,115	12,147	10,560	9,110	6,760	6,365	5,236	3,109	70,402
Norman									
Male	13,405	7,971	6,978	4,783	2,985	1,989	1,102	633	39,846
Female	12,660	7,792	6,583	4,135	2,493	1,725	1,085	611	37,084
Sub-Total	26,065	15,763	13,561	8,918	5,478	3,714	2,187	1,244	76,930
Parkland									
Male	5,972	4,205	3,362	2,876	2,387	2,809	2,414	1,622	25,647
Female	5,531	3,714	3,181	2,721	2,265	2,696	2,514	1,954	24,576
Sub-Total	11,503	7,919	6,543	5,597	4,652	5,505	4,928	3,576	50,223
Westman									
Male	13,766	9,991	9,530	6,849	5,399	5,979	5,166	3,487	60,167
Female	12,973	9,633	9,019	6,771	5,509	6,362	5,600	4,912	60,779
Sub-Total	26,739	19,624	18,549	13,620	10,908	12,341	10,766	8,399	120,946
Winnipeg									
Male	63,394	53,086	56,906	41,083	28,985	26,873	18,935	10,378	299,640
Female	60,196	53,847	57,665	41,528	29,467	31,328	25,027	18,901	317,959
Sub-Total	123,590	106,933	114,571	82,611	58,452	58,201	43,962	29,279	617,599
Manitoba									
Male	128,864	97,425	95,885	70,812	50,730	47,912	36,063	21,130	548,821
Female	122,071	95,330	94,608	69,480	50,270	52,707	42,770	32,703	559,939
Total	250,935	192,755	190,493	140,292	101,000	100,619	78,833	53,833	1,108,760

TABLE-1



M.H.S.C. HEALTH REGIONS

FIGURE 1

PERCENTAGE DISTRIBUTION OF POPULATION BY HEALTH REGION,
JUNE 1, 1985.

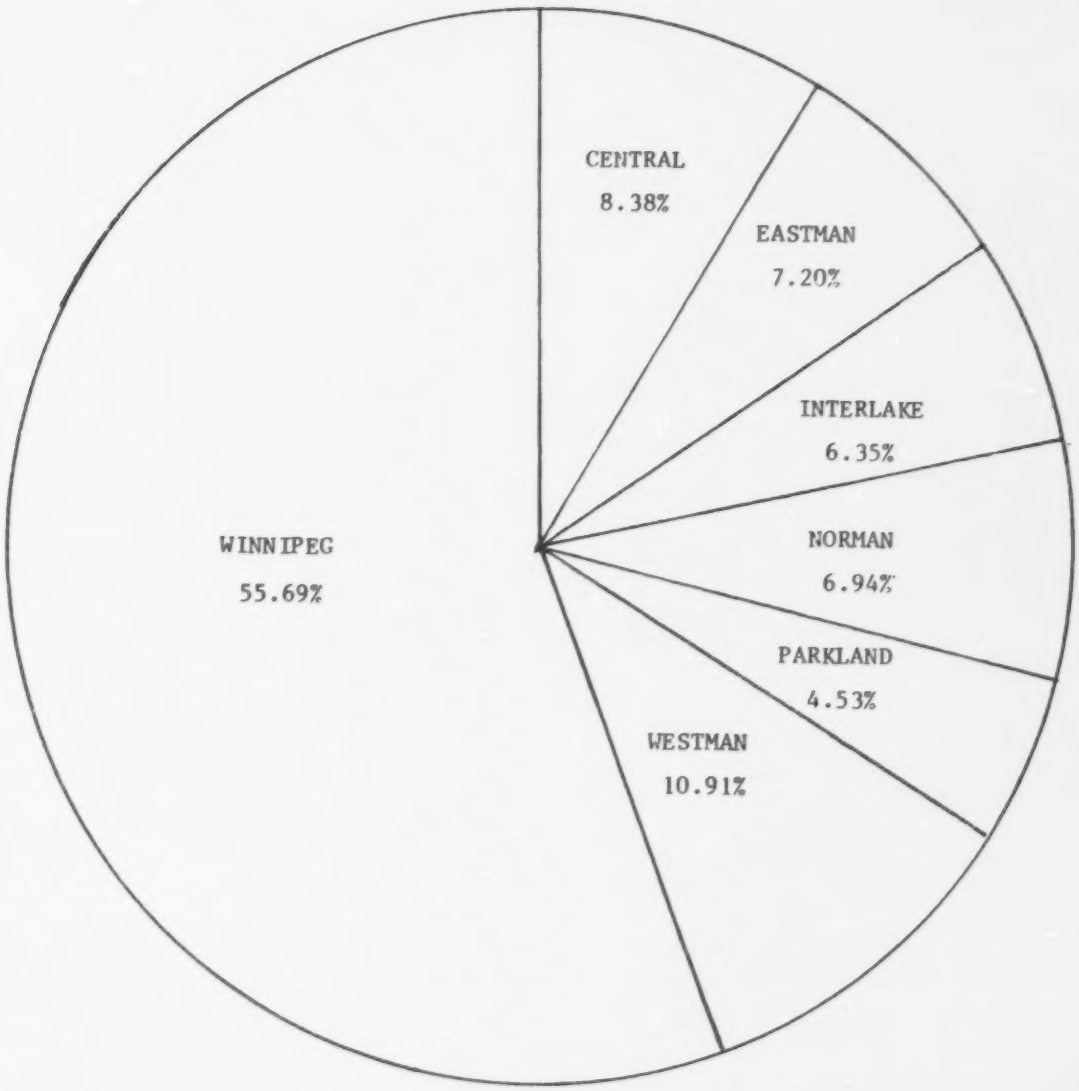


FIGURE II

PERCENTAGE DISTRIBUTION OF POPULATION BY AGE GROUP,
JUNE 1, 1985.

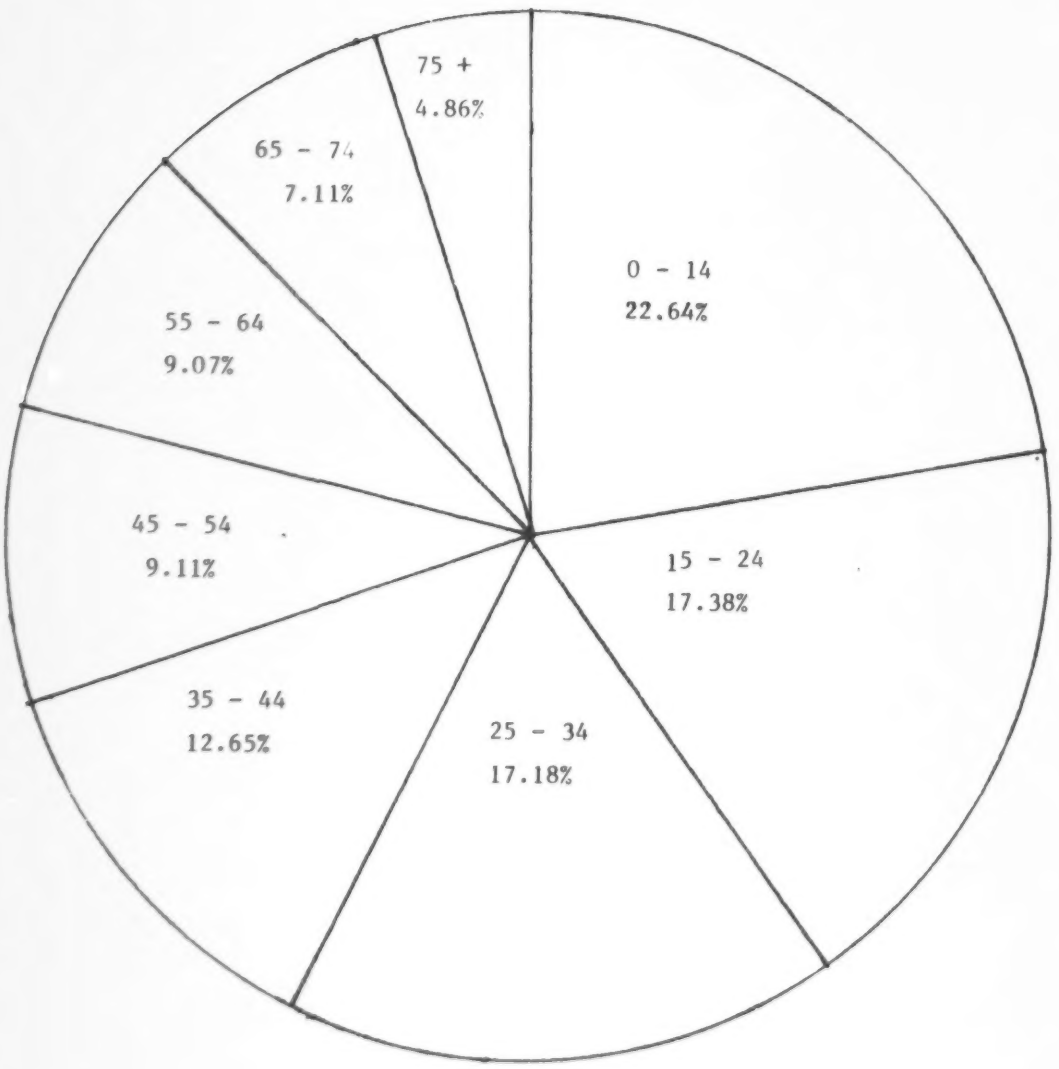


TABLE II

Manitoba Health Services Commission Expenditures, 1981/82 to 1985/86.

Expenditures ($000's)	1981/82	1982/83	1983/84	1984/85	1985/86
Hospital Services[1]	418,659	486,894	539,299	581,724	623,646
Medical Services[2]	145,031	166,650	179,370	188,789	202,138
Personal Care Home Services	99,958	121,102	138,575	146,142	151,982
Other Health Costs:					
Pharmacare	13,611	17,249	21,493	25,558	27,617
Other Health Services[3]	8,951	11,743	12,980	13,508	14,816
Ambulance Program	1,468	1,981	1,881	2,010	2,045
Air Ambulance Program	-	-	-	112	1,627
Northern Patient Transportation	1,879	2,204	2,465	2,568	2,728
Sub-Total Other Health Costs	25,909	33,177	38,819	43,756	48,833
M.H.S.C. Administration	10,135	11,762	13,111	13,780	14,538
TOTAL	699,692	819,585	909,174	974,191	1,041,137

TABLE-2

[1]Include Public General, Federal, Contract Facilities, Out-of-Province Facilities, and Cadham Laboratory.

[2]Include Medical Fee-for-Service, Salary, Private Laboratory and X-ray Facilities, as well as Oral, Dental, and Periodontal Surgery.

[3]Include Chiropractic, Optometric, and Prosthetic and Orthotic Services.

FIGURE III
MANITOBA HEALTH SERVICES COMMISSION EXPENDITURES,
1981/82 TO 1985/86.

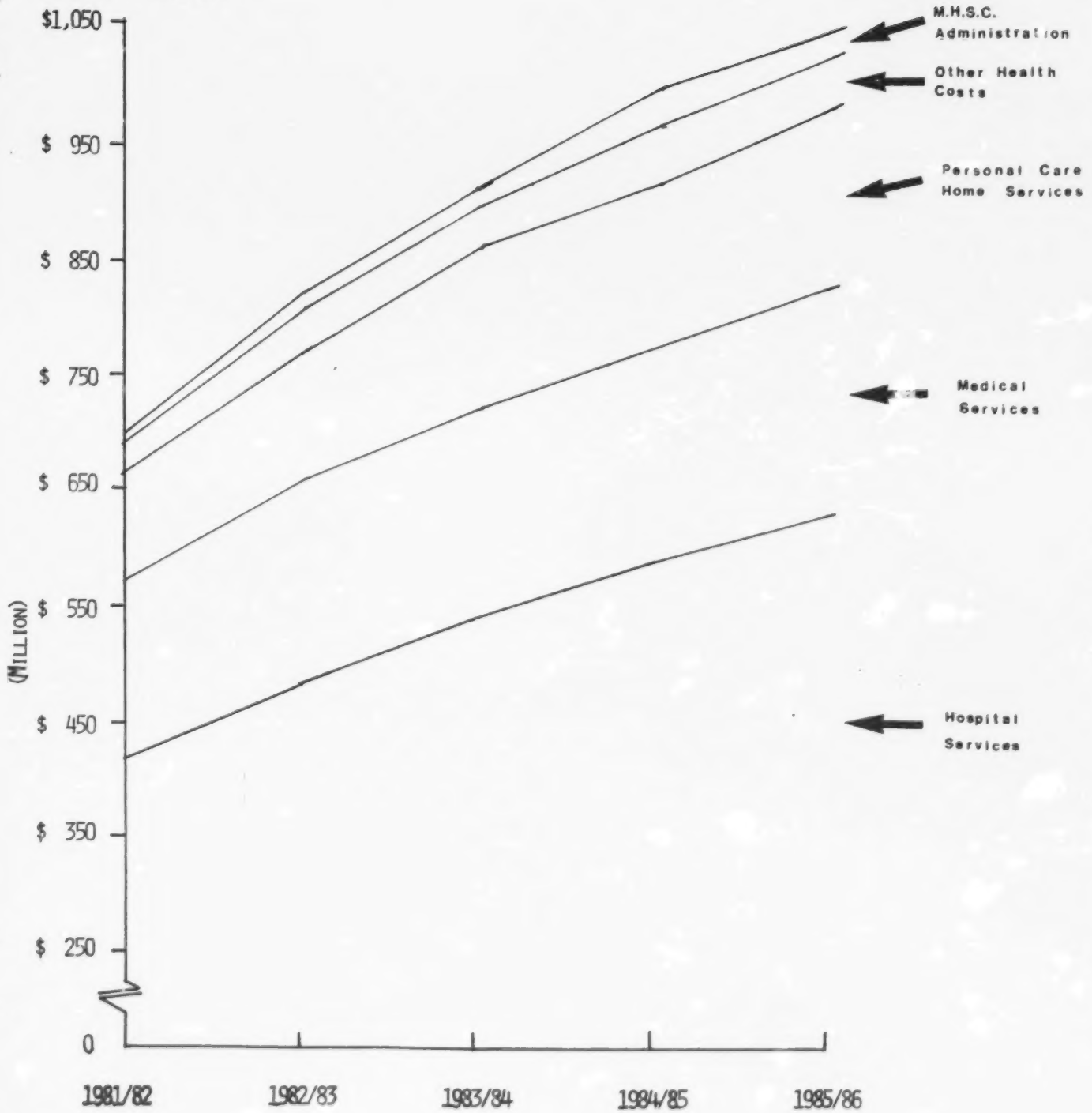


FIGURE IV A
TOTAL HEALTH SERVICES PER
CAPITA COSTS, 1981/82 TO 1985/86.

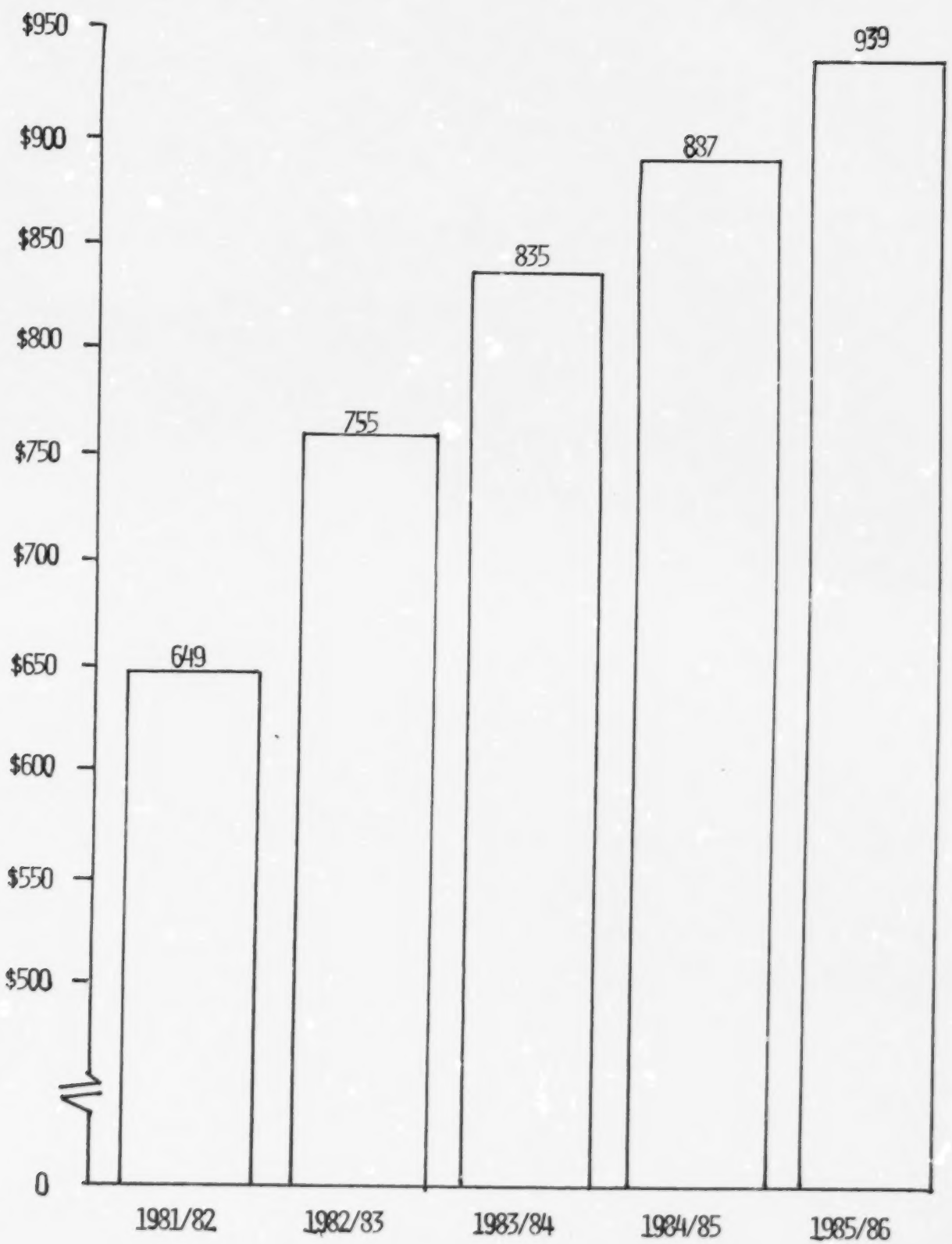


FIGURE IV B
INSURED HOSPITAL SERVICES PER CAPITA COSTS, 1981/82 TO 1985/86.

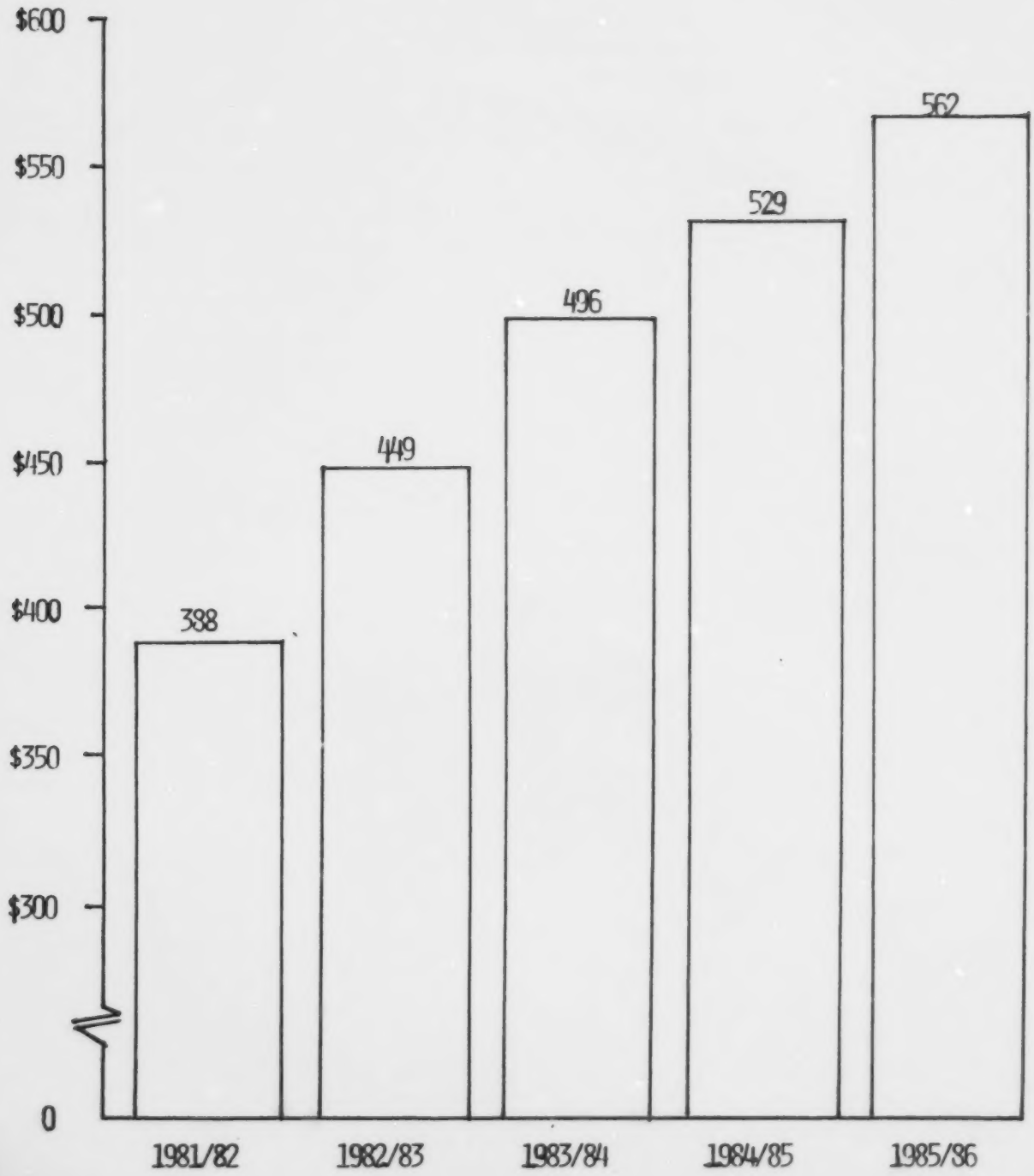
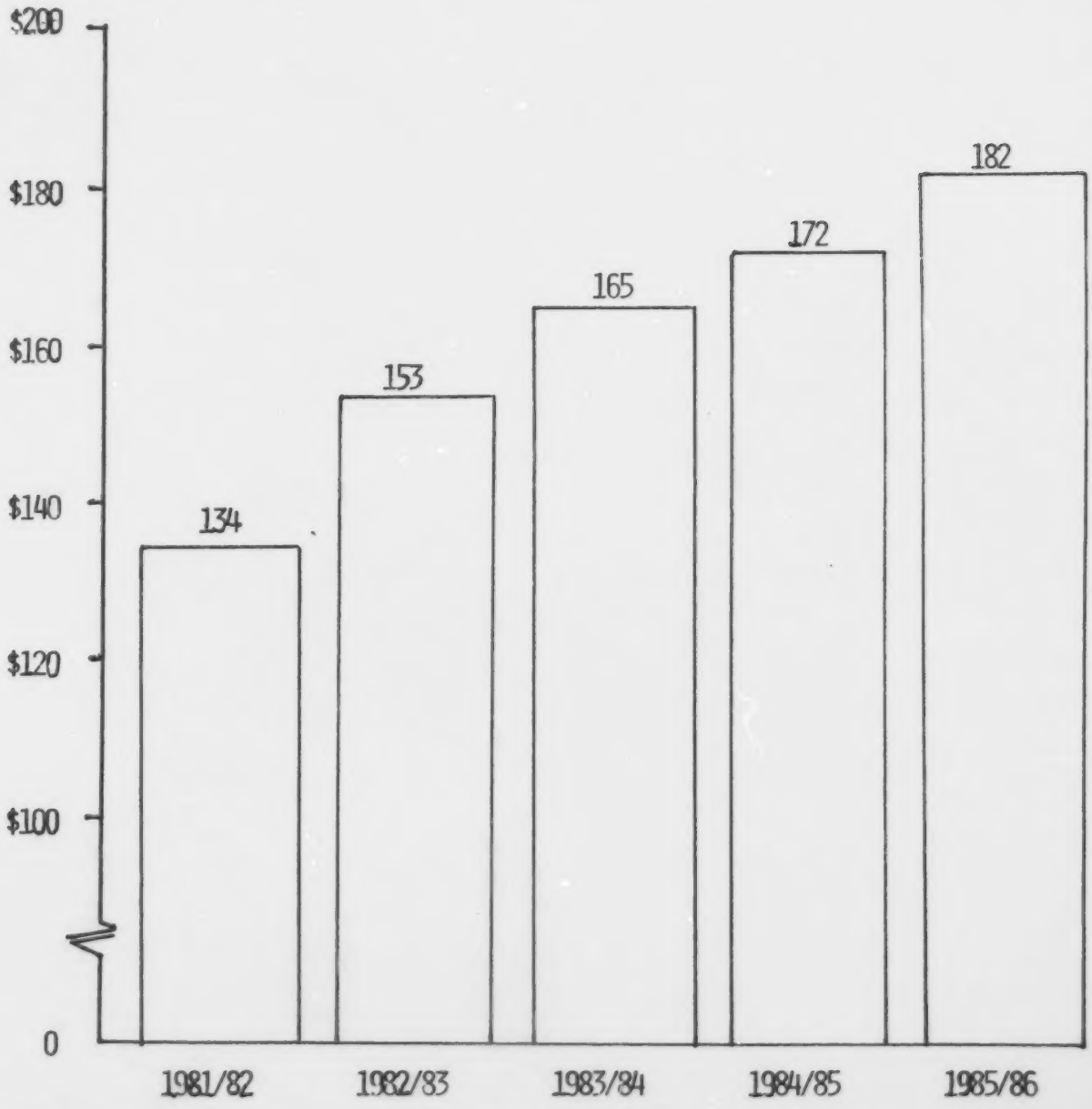
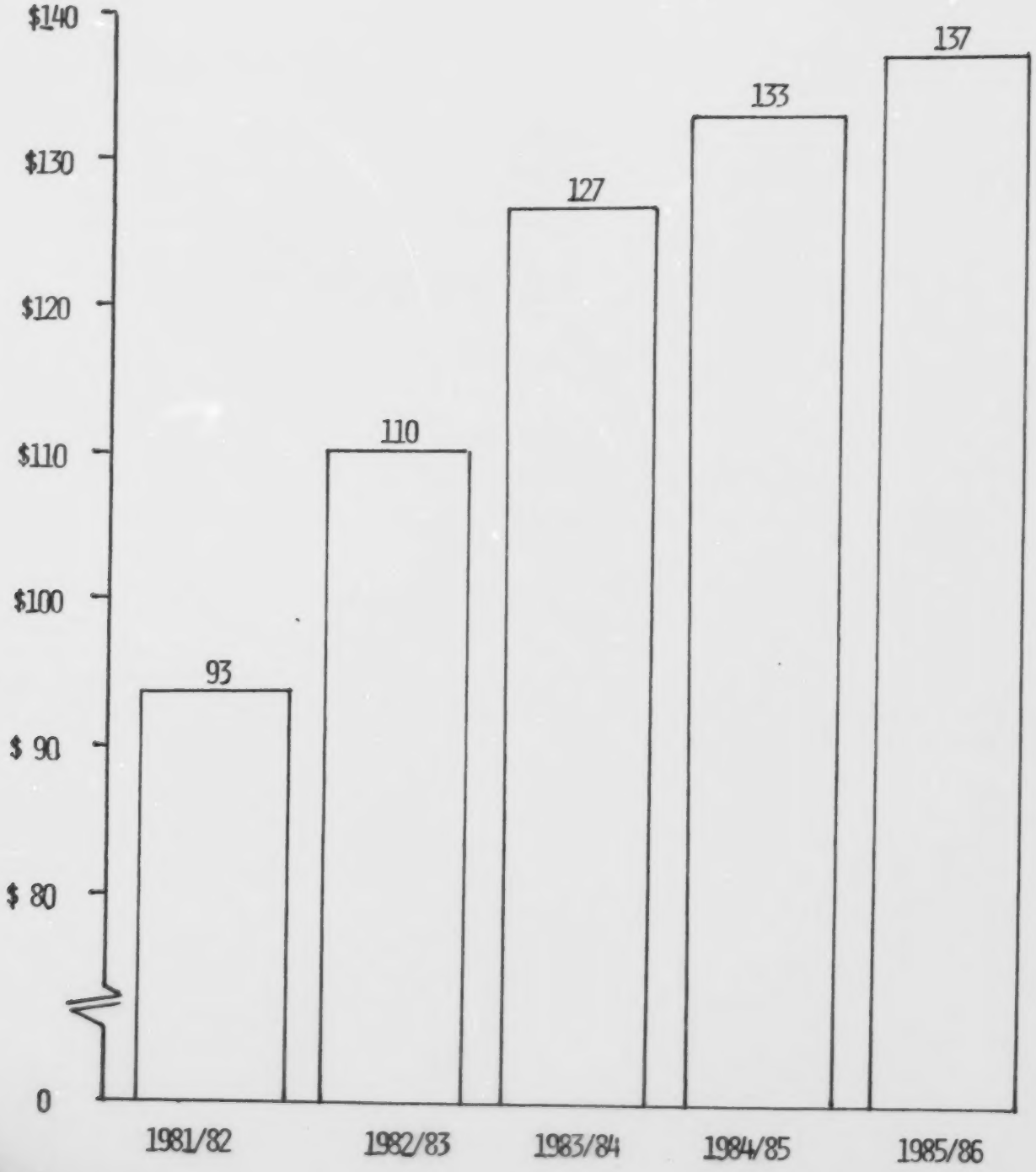


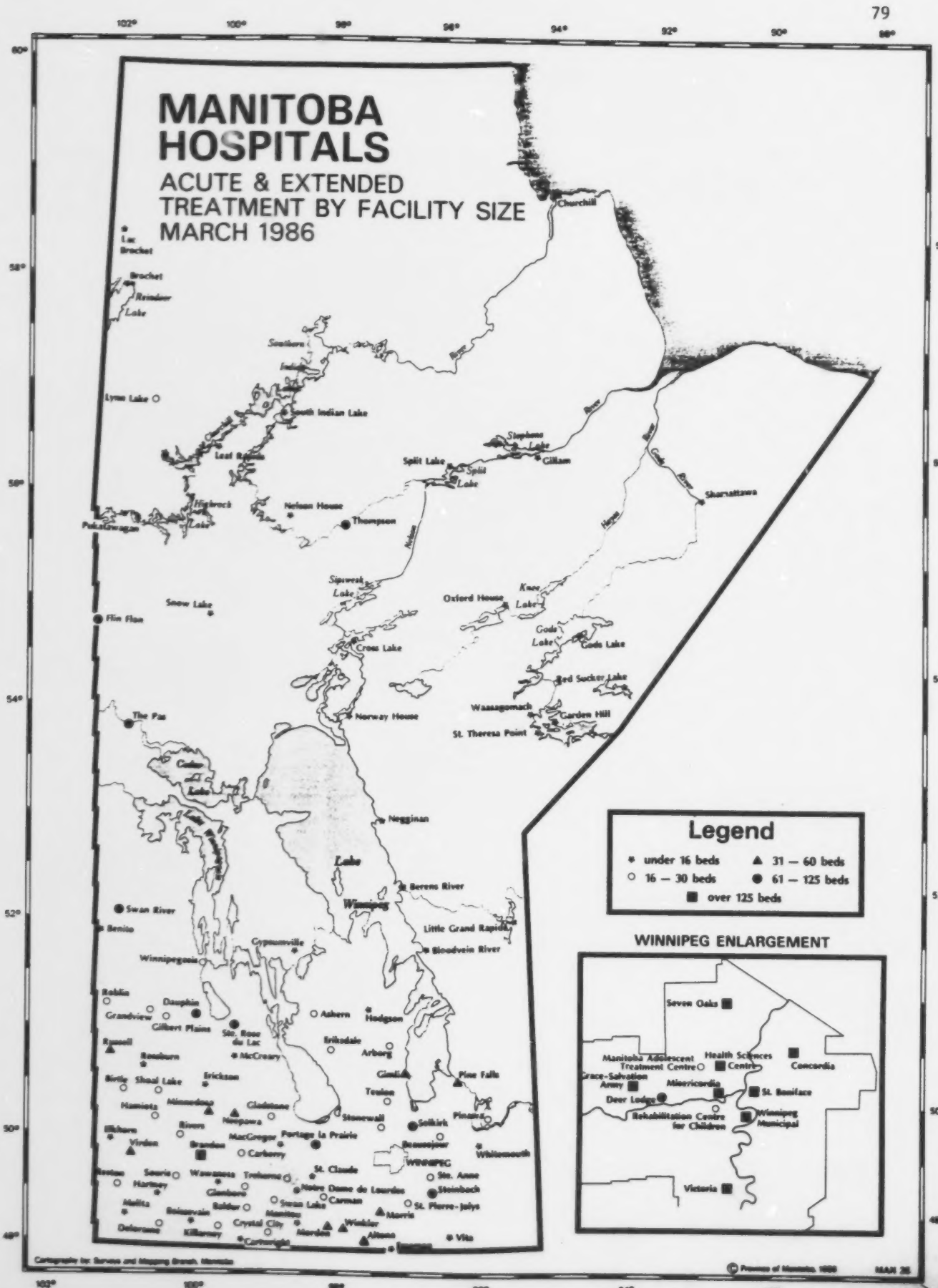
FIGURE IV C
INSURED MEDICAL[1] SERVICES PER
CAPITA COSTS, 1981/82 TO 1985/86.



1. INCLUDES MEDICAL SERVICES, ORAL, DENTAL, AND PERIODONTAL SURGERY.

FIGURE IV D
INSURED PERSONAL CARE HOME SERVICES PER CAPITA COSTS, 1981/82 TO 1985/86.




MANITOBA
HOSPITALS
ACUTE & EXTENDED
TREATMENT BY FACILITY SIZE
MARCH 1986
Legend
under 16 beds
16 — 30 beds
31 — 60 beds
61 — 125 beds
over 125 beds
WINNIPEG ENLARGEMENT
Seven Oaks
Manitoba Adolescent Treatment Centre
Health Sciences Centre
Concordia
Grace-Salvation Army
Misericordia
St. Boniface
Deer Lodge
Rehabilitation Centre for Children
Winnipeg Municipal
Victoria
Churchill
Lac Brochet
Brochet
Lynn Lake
South Indian Lake
Leaf Rapids
Split Lake
Gillam
Shamattawa
Nelson House
Thompson
Snow Lake
Flin Flon
Oxford House
Gods Lake
Cross Lake
Red Sucker Lake
Wasagamack
Garden Hill
St. Theresa Point
Norway House
The Pas
Negginan
Swan River
Benito
Gypsumville
Little Grand Rapids
Bloodvein River
Winnipegosis
Roblin
Dauphin
Grandview
Gilbert Plains
Ste. Rose du Lac
Ashern
Hodgson
Russell
McCreary
Erickdale
Arborg
Birtle
Shoal Lake
Erickson
Gimli
Pine Falls
Hamiota
Minnedosa
Gladstone
Neepawa
Teulon
Stonewall
Selkirk
Pinawa
Elkhorn
Virden
Rivers
MacGregor
Portage la Prairie
Brandon
Carberry
Beausejour
Whitemouth
WINNIPEG
Souris
Wawanesa
Treherne
St. Claude
Ste. Anne
Hartney
Glenboro
Notre Dame de Lourdes
Carman
Steinbach
Melita
Baldur
Swan Lake
Morris
St. Pierre-Jolys
Boissevain
Manitou
Crystal City
Winkler
Deloraine
Killarney
Cartwright
Morden
Altona
Vita
Cartography by: Surveys and Mapping Branch, Manitoba
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MAR 26

TABLE III

Population, Health Facility Beds, and Rates per 1,000 Population by Health Region, 1985/86.

Health Region	Population[1]	Active Treatment Beds		Extended Treatment Beds		Personal Care Home Beds	
		Number[2]	Rate	Number[2]	Rate	Number[2]	Rate
Central	92,865	437	4.7	50	0.5	756	8.1
Eastman	79,795	233	2.9	12	0.2	413	5.2
Interlake	70,402	223	3.2	-	-	519	7.4
Norman	76,930	465	6.0	-	-	157	2.0
Parkland	50,223	344	6.8	39	0.8	395	7.9
Westman	120,946	783	6.5	122	1.0	1,459[4]	12.1[4]
Winnipeg	617,599	3,053	4.9[3]	797	1.3	4,546	7.4
Manitoba	1,108,760	5,538	5.0	1,020	0.9	8,245	7.4

TABLE-3

[1]M.H.S.C. registered population as of June 1, 1985.

[2]Based on rated capacity as at March 31, 1986.

[3]Actual beds available for Winnipeg residents were 3.9 per 1,000 population. The additional Winnipeg acute and extended treatment beds, accounting for 21.1% of patient days, were used by rural residents and non-residents of the province.

[4]In Westman Region 24.7% of all beds are hostel as compared to 12.4% in all other regions combined.

FIGURE V

IN-PATIENT HOSPITAL DAYS PER 1,000 POPULATION BY REGION, 1984/85 AND 1985/86.

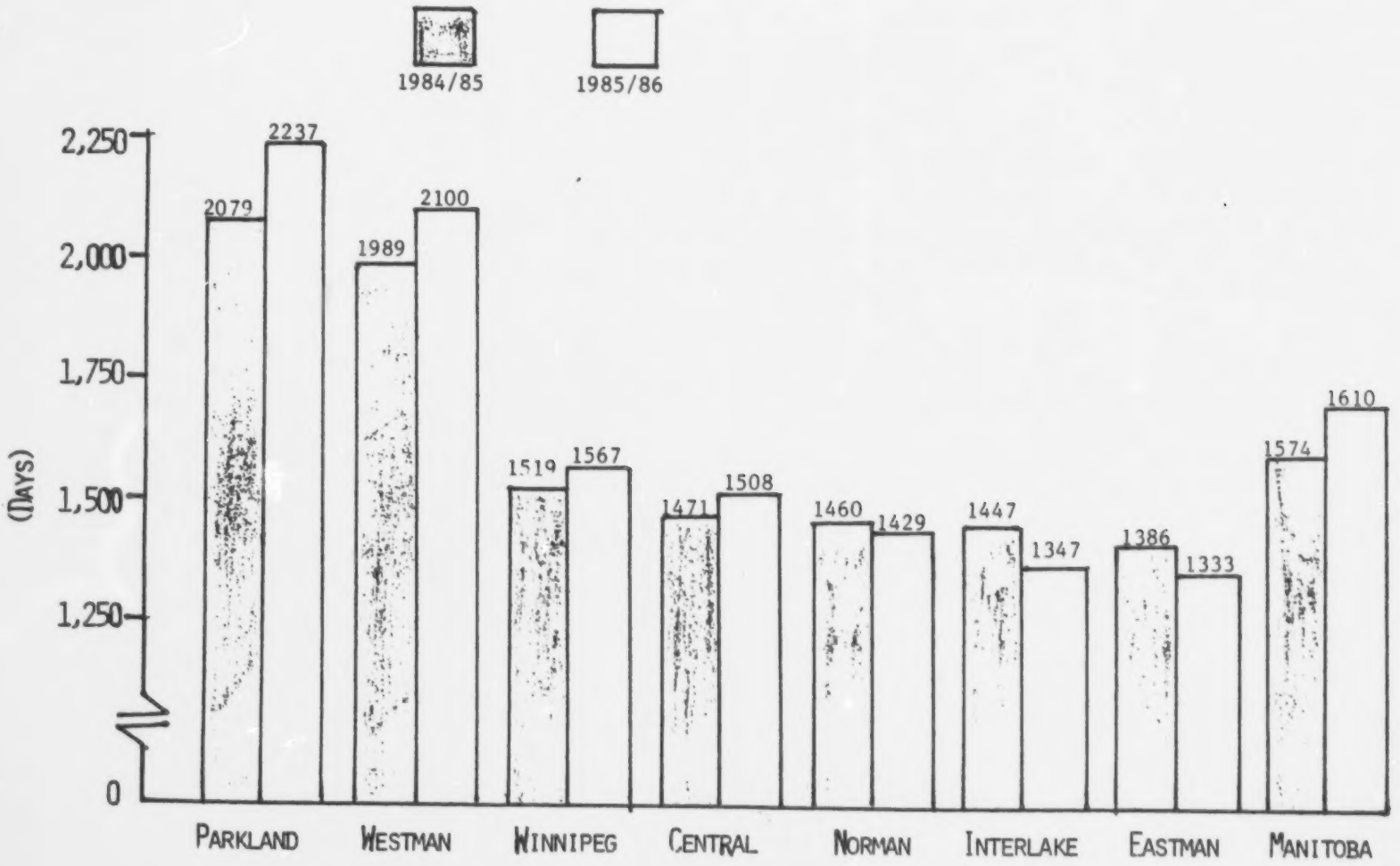


TABLE IV

Hospital Utilization and Rates per 1,000 Population[1] by Diagnostic Category (Newborns Excluded), 1985/86.

Diagnostic Category[2]	In-Patient Cases	Patient Days	Length of Stay (Days)	% of Total		Rates	
				In-Patient Cases	Patient Days	In-Patient Cases	Patient Days
Infectious and Parasitic Diseases	2,079	21,999	10.6	1.3	1.2	2	20
Neoplasms	10,334	181,254	17.5	6.5	10.2	9	163
Endocrine, Nutritional, and Metabolic Diseases	2,815	46,564	16.5	1.8	2.6	3	42
Diseases of Blood and Blood Forming Organs	1,050	9,708	9.2	0.7	0.5	1	9
Mental Disorders	6,284	166,700	26.5	3.9	9.3	6	150
Diseases of the Nervous System and Sense Organs	6,740	123,222	18.3	4.2	6.9	6	111
Diseases of the Circulatory System	17,882	297,075	16.6	11.2	16.7	16	268
Diseases of the Respiratory System	18,310	155,622	8.5	11.4	8.7	17	140
Diseases of the Digestive System	17,529	140,740	8.0	11.0	7.9	16	127
Diseases of the Genitourinary System	11,027	79,159	7.2	6.9	4.4	10	71
Pregnancy, Childbirth, and the Puerperium	25,159	98,678	3.9	15.6	5.5	23	89
Diseases of the Skin and Subcutaneous Tissue	2,269	24,601	10.8	1.4	1.4	2	22
Diseases of the Musculoskeletal System	7,084	90,098	12.7	4.4	5.0	6	81
Congenital Anomalies	1,202	8,523	7.1	0.8	0.5	1	8
Conditions Originating in the Perinatal Period	413	3,367	8.2	0.3	0.2	-	3
Symptoms, Signs, and Ill-Defined Conditions	8,874	63,570	7.2	5.5	3.6	8	57
Injury and Poisoning	13,687	183,648	13.4	8.6	10.3	12	166
Factors Influencing Health Status[3]	7,258	90,654	12.5	4.5	5.1	7	82
Total	159,996	1,785,182	11.2	100.0	100.0	144	1,610

TABLE-4

[1] M.H.S.C. registered population as of June 1, 1985.

[2] ICD-9-CM.

[3] Factors Influencing Health Status and Contact with Health Services.

TABLE V

Hospital Rated Bed Capacity and Net M.H.S.C. Payments,
1984/85 and 1985/86.

Hospital Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1984/85	1985/86	1984/85 $	1985/86 $
Active Treatment - Public General				
15 Beds and Under:				
Benito	9	9	377,256	382,704
Boissevain	12	12	819,504	853,720
Cartwright	8	8	419,304	425,856
Elkhorn	8	8	338,688	342,432
Emerson	12	12	515,088	526,104
Erickson	14	14	538,920	549,768
Gillam	15	15	866,040	883,104
Hartney	9	9	383,928	395,160
Leaf Rapids	8	8	672,456	686,328
Manitou-Pembina	14	14	523,320	556,080
McCreary	13	13	597,264	629,208
MacGregor	6	6	390,624	407,208
Melita-Wilson Memorial	11	11	642,216	680,616
Notre Dame	10	10	475,848	539,304
Rossburn	10	10	526,824	570,816
St. Claude	12	12	629,064	678,312
Snow Lake	7	7	562,176	570,768
Vita	11	11	426,840	430,464
Wawanesa	10	10	544,944	565,680
Whitemouth	10	10	576,048	596,856
Sub-Total	209	209	10,826,352	11,270,488
16 - 30 Beds:				
Arborg	16	16	1,197,648	1,256,160
Ashern-Lakeshore	16	16	802,560	806,520
Baldur	16	16	627,984	651,888
Beausejour	30	30	1,357,680	1,490,016
Birtle	19	19	926,640	952,032
Carberry-Fox Memorial	29	29	970,056	1,025,424
Carman	30	30	1,878,408	2,047,248
Crystal City	16	16	868,080	895,080
Deloraine	18	18	950,616	988,032
Eriksdale-E. M. Crowe Memorial	17	17	814,296	823,200
Gilbert Plains	21	21	633,312	642,264
Gladstone - Seven Regions	20	20	944,760	1,362,528
Glenboro	19	19	751,488	771,432
Grandview	18	18	729,264	750,456
Hamiota	21	21	1,246,008	1,282,848
Killarney	26	26	1,504,872	1,552,104
Lynn Lake	25	25	1,153,152	1,201,560
Pinawa	17	17	810,720	838,104
Reston	17	17	680,646	729,192
Rivers-Riverdale	16	16	753,840	753,000
Roblin	25	25	1,252,968	1,298,808
St. Anne	21	21	1,532,880	1,656,672
St. Pierre-Centre-Medico-Social DeSalaberry District Health Centre	19	19	885,720	939,792
Shoal Lake	23	23	938,736	956,112
Souris	30	30	1,652,472	1,751,832
Stonewall-Dr. Evelyn Memorial	18	18	1,007,856	1,051,368
Swan Lake	22	22	1,169,016	1,202,064
Teulon-Hunter Memorial	20	20	1,424,544	1,493,264
Treherne-Victoria-South-Norfolk	18	18	877,320	926,184
Winnipegosis	18	18	885,888	918,576
Sub-Total	621	621	31,229,430	33,013,760

TABLE V...Continued

Hospital Rated Bed Capacity and Net M.H.S.C. Payments,
1984/85 and 1985/86.

Hospital Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1984/85	1985/86	1984/85 $	1985/86 $
31 - 60 Beds:				
Altona	32	32	1,305,264	1,471,632
Churchill Health Centre	31	31	2,703,936	2,793,984
Gimli-Johnson Memorial	45	45	1,740,264	1,806,696
Minnedosa	35	35	1,541,256	1,580,016
Morden	48	48	3,581,016[2]	3,746,592[2]
Morris	52	52	1,681,152	1,708,512
Neepawa	38	38	1,658,280	1,845,120
Pine Falls	48	48	1,925,088	1,998,528
Russell	38	38	1,664,328	1,727,496
Virden	32	32	1,341,072	1,409,664
Winkler-Bethel	57	57	3,235,872	3,282,384
Sub-Total	456	456	22,377,528	23,370,624
61 - 125 Beds:				
Dauphin	104	104	7,031,976[2]	7,777,032[2]
Flin Flon	100	100	4,321,128	4,653,744
Portage	104	104	6,554,256[2]	7,003,080[2]
Ste. Rose	68	68	3,090,552	3,028,920
Selkirk	75	75	6,791,880	7,347,264
Steinbach-Bethesda	65	65	3,654,912[2]	3,952,872[2]
Swan River	68	68	4,847,448[2]	5,073,600[2]
The Pas-St. Anthony's	112	112	7,030,776	7,279,496
Thompson	100	100	7,543,080	8,040,936
Sub-Total	796	796	50,866,008	54,156,944
Over 125 Beds:				
Brandon	308	308	27,037,016[2]	28,681,816[2]
Concordia	134	136	11,921,904	12,719,592
Grace-Salvation Army	300	300	28,989,360[2]	29,915,136[2]
Health Sciences Centre	1,119	1,119	166,692,816	181,749,096
Misericordia	409	409	33,341,712	35,688,888
St. Boniface	607	607	99,490,416[2]	104,252,688[2]
Seven Oaks	216	216	28,335,576[2]	31,731,032[2]
Victoria	246	246	22,969,224	24,162,336
Sub-Total	3,339	3,341	418,778,024	448,900,584
Total Public General Hospitals	5,421	5,423	534,077,342	570,712,400

TABLE V...Continued

Hospital Rated Bed Capacity and Net M.H.S.C. Payments,
1984/85 and 1985/86.

Hospital Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1984/85	1985/86	1984/85 $	1985/86 $
Specialty Hospital:				
Rehabilitation Centre for Children	20	20	1,564,584	1,604,400
Federal Hospitals:				
Gypsumville	-	-	929	1,091
Hodgson-Percy E. Moore	16	16	400,926	567,604
Norway House	16	16	509,261	525,448
Bloodvein N.S.	2	2	5,293	5,000
Berens River N.S.	6	6	5,215	6,673
Brochet N.S.	3	3	2,163	1,810
Cross Lake N.S.	4	4	14,441	17,515
Garden Hill N.S.	3	3	2,983	6,369
God's Lake N.S.	4	4	5,989	7,600
Lac Brochet N.S.	2	2	1,605	3,334
Little Grand Rapids N.S.	4	4	1,796	2,694
Nelson House N.S.	4	4	6,701	7,436
Oxford House N.S.	3	3	6,218	2,506
Poplar River N.S.	4	4	2,629	2,189
Pukatawagan N.S.	4	4	7,204	2,762
Red Sucker Lake N.S.	2	2	2,161	2,569
Ste. Theresa N.S.	3	3	2,673	7,504
Shamatawa N.S.	4	4	1,715	2,201
South Indian Lake N.S.	6	6	3,109	3,812
Split Lake N.S.	4	4	7,225	1,801
Wasagamack N.S.	1	1	3,685	5,096
Sub-Total	95	95	993,921	1,183,014
Total Active Treatment Hospitals	5,536	5,538	536,635,847	573,499,814

TABLE V...Continued

Hospital Rated Bed Capacity and Net M.H.S.C. Payments, 1984/85 and 1985/86.

Hospital Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1984/85	1985/86	1984/85 $	1985/86 $
Extended Treatment Hospitals:				
Brandon-Assiniboine	122	122	-2	-2
Dauphin	20	20	-2	-2
Deer Lodge Centre	108	108	-3	-3
Grace-Salvation Army	20	20	-2	-2
Manitoba Adolescent Treatment Centre	-	25	1,554,632	2,848,704
Morden	23	23	-2	-2
Portage	27	27	-2	-2
St. Boniface	184	184	-2	-2
Seven Oaks	110	110	-2	-2
Steinbach	12	12	-2	-2
Swan River	19	19	-2	-2
Winnipeg Municipal	350	350	20,152,800	20,130,000
Total Extended Treatment Hospitals	995	1,020	21,707,432	22,978,704
Other Health Facilities:				
Eden Mental Health Centre	-4	-4	2,018,088	2,197,680
Manitoba Cancer Treatment and Research Foundation	-	-	6,263,808	6,546,792
Manitoba Cardiac Institute	-	-	-	112,750
Camp Shilo	-	-	23,173	14,926
Westman Laboratory	-	-	4,301,496	4,396,320
Red Cross Blood Transfusion	-	-	5,087,580	5,879,007
Cadham Provincial Laboratory	-	-	4,300,395	5,034,724
Out-of-Province Payments	-	-	11,044,298	2,997,900
Sanatorium Board of Manitoba	-	-	25,000	25,000
Sub-Total	-	-	33,063,838	27,205,099
Grand Total - All Facilities	6,531	6,558	591,407,117[5]	623,683,617[5]

TABLE-5

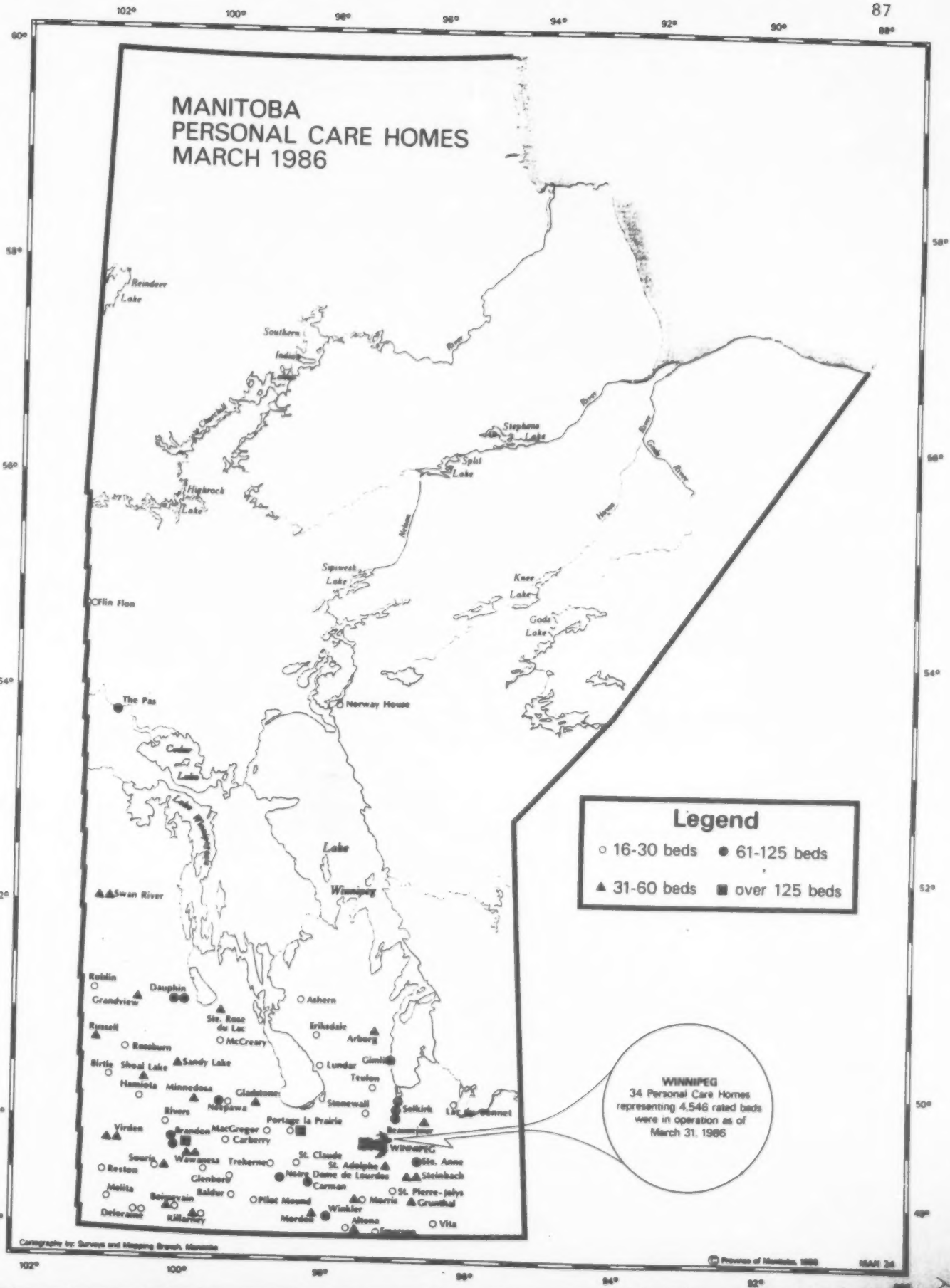
[1]As of March 31, 1986.

[2]Payments included in amounts shown for acute care.

[3]Payments included in amounts shown for personal care home beds noted on page 91.

[4]The Eden Mental Health Centre has a rated bed capacity of 40. These are not included in the Commission's figures.

[5]The difference between net M.H.S.C. payments and Hospital expenditures per Table II represents year end accruals and sundry adjustments.


MANITOBA
PERSONAL CARE HOMES
MARCH 1986
Legend
16-30 beds
61-125 beds
31-60 beds
over 125 beds
WINNIPEG
34 Personal Care Homes representing 4,546 rated beds were in operation as of March 31, 1986
Reindeer Lake
Southern Indian Lake
Churchill River
Stephens Lake
Split Lake
Highrock Lake
Nelson River
Hayes River
Gods River
Gods Lake
Knee Lake
Sipiwesk Lake
Flin Flon
The Pas
Norway House
Cedar Lake
Lake Winnipegosis
Lake Winnipeg
Swan River
Roblin
Dauphin
Grandview
Ashern
Ste. Rose du Lac
Erikadale
Arborg
Russell
Rossburn
McCreary
Birtle
Shoal Lake
Sandy Lake
Lundar
Gimli
Hamiota
Minnedosa
Gladstone
Neepawa
Teulon
Stonewall
Selkirk
Lac du Bonnet
Rivers
Portage la Prairie
Virden
Brandon
MacGregor
Carberry
Souris
Wawanesa
Treherne
St. Claude
St. Adolphe
Ste. Anne
Reston
Glenboro
Notre Dame de Lourdes
Carman
Steinbach
Melita
Baldur
Pilot Mound
Morris
St. Pierre-Jolys
Grunthal
Deloraine
Killarney
Mordon
Winkler
Altona
Emerson
Vita
Cartography by: Surveys and Mapping Branch, Manitoba
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MAR 24

TABLE VI

Personal Care Home Residents by Age Group, Sex, and Level of Care, March 31, 1986.

Age Group	Sex	Level 1	Level 2	Level 3	Level 4	Total	Percent
Under 65	M	10	74	72	50	206	2.5
	F	11	51	67	70	199	2.5
65 - 69	M	16	52	55	35	158	1.9
	F	13	69	45	36	163	2.0
70 - 74	M	34	103	94	50	281	3.5
	F	34	112	115	71	332	4.1
75 - 79	M	48	138	123	80	389	4.8
	F	86	286	196	148	716	8.8
80 - 84	M	78	161	149	103	491	6.1
	F	154	504	347	237	1,242	15.3
85+	M	162	359	279	153	953	11.8
	F	369	1,157	775	673	2,974	36.7
Total		1,015	3,066	2,317	1,706	8,104	
Percent		12.5	37.9	28.6	21.0	100.0	100.0

TABLE-6

TABLE VII

Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments by Health Region, 1984/85 and 1985/86.

Personal Care Home Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1984/85	1985/86	1984/85 $	1985/86 $
Central Region:				
Altona and District, Altona	25	25	489,624	501,792
Boyne Lodge, Carman	70	70	1,301,602	1,434,870
The Ebenezer Home, Altona	46	46	585,581	616,369
Foyer Notre Dame, Notre Dame de Lourdes	65	65	1,045,128	1,053,720
Holiday Retreat, Portage	25	25	341,219	355,587
Lions Prairie Manor, Portage	151	151	2,251,441	2,395,416
MacGregor P.C.H., MacGregor	20	20	436,728	458,832
Manoir de St. Claude Inc., St. Claude	18	18	449,537	467,327
Morris Eventide Home, Morris	26	26	229,267	230,879
Red River Valley Lodge, Emerson	20	20	434,136	420,792
Red River Valley Lodge, Morris	40	40	726,216	701,520
Salem Home, Winkler	118	118	1,860,672	1,871,424
Tabor Home, Morden	60	60	1,039,538	1,099,585
Third Crossing Manor, Gladstone	50	50	818,985	891,491
Tiger Hills Manor, Treherne	22	22	457,677	466,966
Sub-Total	756	756	12,467,351	12,966,570
Eastman Region:				
Bethesda, Steinbach	60	60	997,968	1,100,184
Eastgate Lodge, Beausejour	60	60	1,120,756	1,159,642
Lac du Bonnet District Health Centre, Lac du Bonnet	30	30	156,413	744,158
Manoir St. Pierre, St. Pierre Jolys	16	16	350,681	349,217
Menno Home for the Aged, Grunthal	40	40	604,707	618,834
Rest Haven, Steinbach	60	60	811,376	1,069,053
St. Adolphe N. H., St. Adolphe	42	42	743,216	725,148
Shevchenko Senior Citizens Home, Vita	30	30	630,052	612,572
Villa Youville, Ste. Anne	75	75	1,105,795	1,232,294
Sub-Total	413	389	6,520,964	7,611,102
Interlake Region:				
Betel Foundation, Gimli	95	95	1,164,347	1,204,166
Betel Foundation, Selkirk	94	94	1,434,275	1,522,690
Goodwin Lodge, Teulon	20	20	478,706	481,232
Lakeshore District Health System, Ashern	20	20	377,255	383,189
Lakeshore District Health System, Eriksdale	20	20	447,481	427,658
Lakeshore District Health System, Lundar	20	20	569,416	572,776
Pioneer Health Services, Arborg	40	40	738,384	759,768
Red River Place, Selkirk	104	104	2,168,159	2,210,549
Rosewood Lodge, Stonewall	30	30	619,320	622,752
Tudor House, Selkirk	76	76	1,411,332	1,448,355
Sub-Total	519	519	9,408,675	9,633,137
Norman Region:				
Flin Flon P.C., Flin Flon	30	30	798,000	858,648
Northern Lights Manor, Flin Flon	30	30	343,178	346,896
Pinaow-Wachi, Norway House	26	26	193,125	131,690
St. Paul's Residence, The Pas	72	72	1,586,232	1,616,692
Sub-Total	158	158	2,920,535	2,953,926

TABLE VII...Continued

Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments by Health Region, 1984/85 and 1985/86.

Personal Care Home Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1984/85	1985/86	1984/85 $	1985/86 $
Parkland Region:				
Dauphin P.C.H., Dauphin	65	65	1,525,368	1,767,072
Dr. Gendreau Memorial Home, Ste. Rose	40	40	690,143	754,742
Grandview P.C.H., Grandview	40	40	773,642	788,994
McCreary-Alonsa P.C.H., McCreary	20	20	476,778	486,425
St. Paul's Home, Dauphin	70	70	1,351,553	1,404,947
Roblin District P.C.H., Roblin	30	30	605,196	596,145
Swan River Valley Lodge, Swan River	53	50	436,444	429,433
Swan River Valley P.C.H., Swan River	60	60	1,145,068	1,157,845
Winnipegosis-Mossey River, Winnipegosis	20	20	508,848	508,877
Sub-Total	398	395	7,513,040	7,894,475
Westman Region:				
Baldur Manor P.C.H., Baldur	20	20	490,157	514,606
Bayside P.C.H., Killarney	30	30	620,923	611,144
Birtle P.C.H. Inc., Birtle	20	20	465,480	468,513
B.M.W. Health Facilities, Boissevain	20	20	472,048	510,156
Bren-Del-Win Lodge, Deloraine	30	30	323,055	356,493
Carberry P.C.H., Carberry	30	30	535,608	548,496
Central Park Lodge, Brandon	89	89	1,510,595	1,511,665
Cornwallis N.H., Brandon (Closed October 16, 1985)	22	-	274,609	175,592
Deloraine and District P.C.H., Deloraine	16	16	406,300	420,703
Eastview Lodge, Neepawa	125	125	1,759,134	1,818,298
Fairview Home, Brandon	264	248	2,737,330	2,838,864
Glenboro P.C.H., Glenboro	20	20	417,624	441,952
Glenboro Senior Citizens Home, Glenboro (Closed February 15, 1984)	-	-	7,521	6,561
Hamiota P.C.H. Inc., Hamiota	30	30	645,605	643,206
Hillcrest Place, Brandon	100	100	1,683,647	1,726,134
International N.H., Brandon	65	55	1,007,327	885,979
Lakeview Senior Citizens Home, Killarney	43	42	390,043	381,139
Melita and Area P.C.H., Melita	20	20	443,360	451,182
Minnedosa and District P.C.H., Minnedeosa	50	50	1,016,472	1,011,912
Morley House, Shoal Lake	40	40	704,226	710,236
Osborne Home, Neepawa (Closed May 17, 1985)	24	-	196,452	34,111
Prairie View Lodge, Pilot Mound	30	30	313,386	295,366
Riverdale P.C.H., Rivera	20	20	467,311	463,045
Rock Lake P.C.H., Pilot Mound	24	24	653,393	649,166
Rossburn P.C.H., Rossburn	20	20	511,888	487,334
Russell and District P.C.H., Russell	40	40	731,104	745,456
Salvation Army B. Booth, Brandon (Closed October 16, 1985)	31	-	329,528	239,877
Salvation Army Eventide, Brandon (Closed September, 1983)	-	-	6,159	-
Sandy Lake Home, Sandy Lake	36	36	610,951	621,934
Souris District P.C.H., Souris	34	34	716,532	725,203
Sunset Haven, Brandon (Closed October 16, 1985)	22	-	293,457	170,138
The Salvation Army Dinsdale, Brandon	-	60	-	313,888
The Sherwood, Virden	50	50	318,028	335,747
Victoria Park Lodge, Souris	24	24	232,563	250,737
Wawanesa P.C.H., Wawanesa	20	20	489,338	512,849
Westman N.H., Virden	50	50	879,238	907,090
Westview Lodge, Boissevain	46	46	359,425	342,209
Willowview Home, Reston	20	20	562,188	664,193
Sub-Total	1,525	1,505	23,582,005	23,791,174

TABLE VII...Continued

Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments by Health Region, 1984/85 and 1985/86.

Personal Care Home Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1984/85	1985/86	1984/85 $	1985/86 $
Winnipeg Region:				
Beacon Hill Lodge	175	175	3,192,566	3,209,931
Bethania Mennonite P.C.H.	100	100	1,973,743	2,035,953
Central Park Lodge, Poseidon Street	217	217	3,696,731	3,783,675
Central Park Lodge, Edmonton Street	277	277	4,609,124	4,732,700
Conquest N.H.	64	64	1,215,793	1,228,574
Convalescent Home	84	84	1,471,944	1,530,461
Deer Lodge Centre	185	185	7,769,880[2]	7,458,720[2]
Donwood Manor	81	81	1,443,801	1,484,347
Foyer St. Boniface	70	70	1,184,163	1,229,732
Golden Door Geriatric Centre	78	78	1,295,790	1,332,935
Golden West Centennial Lodge	91	91	762,892	810,174
Heritage Lodge N.H.	86	86	1,621,384	1,645,848
Holiday Haven N.H.	155	155	2,695,144	2,760,007
Holy Family N.H.	284	284	5,819,809	5,894,959
Kiwanis Centre for the Deaf	22	22	495,019	508,109
Lions Manor	135	135	837,773	793,025
Luther Home	80	80	1,338,846	1,354,281
Manitoba Oddfellows Home	57	47	332,036	339,872
Maples P.C.H. Limited	200	200	4,066,371	4,137,098
Meadowood Manor	90	90	1,466,440	1,511,162
Metro Kiwanis Courts	47	47	205,213	207,397
The Middlechurch Home	212	212	3,400,446	3,425,937
Nightingale N.H.	20	20	289,913	298,369
Oakview Place	244	244	4,271,816	4,262,661
Oddfellows and Rebekahs P.C.H. Inc.	90	90	1,636,593	1,663,718
Park Manor P.C.H.	100	100	1,810,866	1,824,644
St. Joseph's Residence	100	100	1,942,374	1,995,346
St. Norbert N.H.	91	91	1,721,566	1,733,036
The Sharon N.H.	208	208	3,341,733	3,517,702
Tache Nursing Centre	320	320	7,716,408	7,827,720
Tuxedo Villa	213	213	3,552,503	3,591,150
Vista Park Lodge	100	100	2,043,252	2,121,344
West Park Manor	150	150	2,491,270	2,493,779
Winnipeg Presbytery Society	130	130	1,736,579	1,770,141
Sub-Total	4,556	4,546	83,449,781	84,514,507
Total Personal Care Homes	8,325	8,245	145,862,351[3]	149,364,891[3]

TABLE-7

[1]As of March 31, 1986.

[2]Includes payments to the 108-bed extended treatment hospital noted on page 86.

[3]The difference between net M.H.S.C. payments and Personal Care Home expenditures per Table II represents year end accruals and sundry adjustments.

TABLE VIII

Number of Health Practitioners and Population per Practitioner by Health Region, 1985/86.

Health Region	Population[1]	Practitioners Receiving Payment in Excess of $30,000.00					
		Physicians		Chiropractors		Optometrists	
		Number	Population/ Physician	Number	Population/ Chiropractor	Number	Population/ Optometrist
Central	92,865	47	1,976	8	11,608	4	23,216
Eastman	79,795	39	2,046	5	15,959	2	39,898
Interlake	70,402	40	1,760	4	17,601	2	35,201
Norman	76,930	47	1,637	3	25,643	2	38,465
Parkland	50,223	34	1,477	3	16,741	3	16,741
Westman	120,946	127	952	8	15,118	10	12,095
Winnipeg	617,599	1,039	594	63	9,803	45	13,724
Manitoba	1,108,760	1,373	808	94	11,795	68	16,305

TABLE-8

[1]M.H.S.C. registered population as of June 1, 1985.

FIGURE VI

MEDICAL SERVICES PER CAPITA COST BY REGION, 1984/85 AND 1985/86.

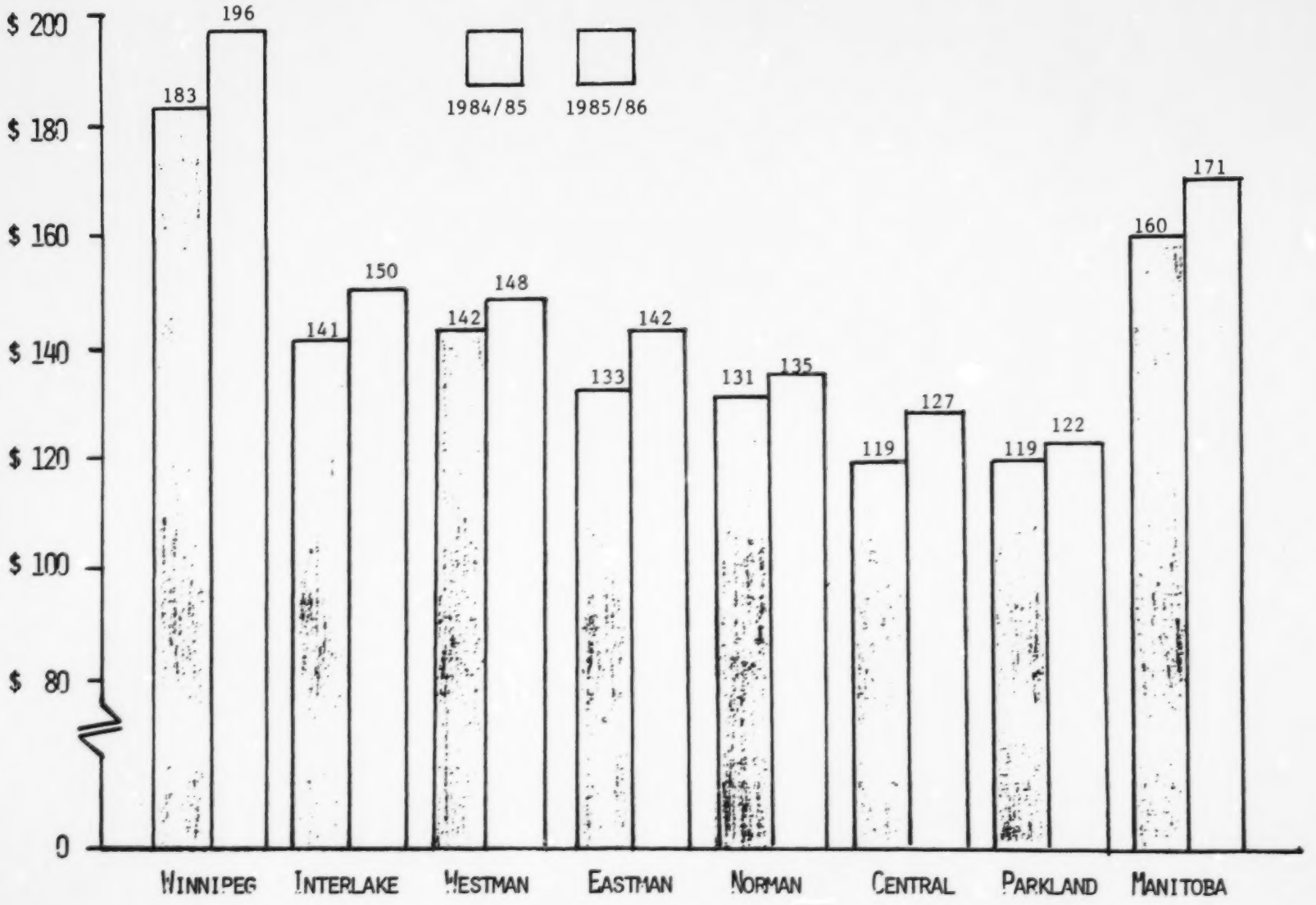


TABLE II

Medical Services and Costs by Diagnostic Category, 1985/86.

Diagnostic Category[1]	Number of Services	Costs ($000's)	Percent Distribution	
			Services	Costs
Infectious and Parasitic Diseases	276,815	3,319,396	2.1	1.8
Neoplasms	353,787	7,069,488	2.7	3.7
Endocrine, Nutritional, and Metabolic Diseases	462,957	5,243,240	3.5	2.8
Diseases of Blood and Blood Forming Organs	145,727	1,581,638	1.1	0.9
Mental Disorders	1,010,663	13,070,473	7.7	6.9
Diseases of the Nervous System and Sense Organs	908,263	15,472,535	6.9	8.2
Diseases of the Circulatory System	1,164,996	16,738,023	8.9	8.9
Diseases of the Respiratory System	1,273,938	17,292,237	9.7	9.1
Diseases of the Digestive System	534,130	12,555,820	4.1	6.6
Diseases of the Genitourinary System	853,828	14,338,818	6.5	7.6
Pregnancy, Childbirth, and the Puerperium	136,802	7,117,240	1.0	3.8
Diseases of the Skin and Subcutaneous Tissue	544,772	6,993,438	4.1	3.7
Diseases of the Musculoskeletal System	790,715	11,714,258	6.0	6.2
Congenital Anomalies	36,811	1,196,863	0.3	0.6
Conditions Originating in the Perinatal Period	29,143	445,054	0.2	0.2
Symptoms, Signs, and Ill-Defined Conditions	966,447	13,557,474	7.4	7.2
Injury and Poisoning	780,738	12,780,901	5.9	6.8
Factors Influencing Health Status[2]	1,957,252	20,481,283	14.9	10.6
Without Diagnosis	924,854	8,222,475	7.0	4.4
Total[3]	13,152,638	189,190,654	100.0	100.0

TABLE-9

[1]ICD-9-CM.

[2]Factors Influencing Health Status and Contact with Health Services, includes general medical examinations and special investigations.

[3]Excludes Out-of-Province Medical as well as all Optometric, Oral, Dental, Periodontal, and Chiropractic services and costs.

FIGURE VII

MEDICAL SERVICES PER CAPITA COSTS BY AGE GROUP AND SEX, 1985/86.

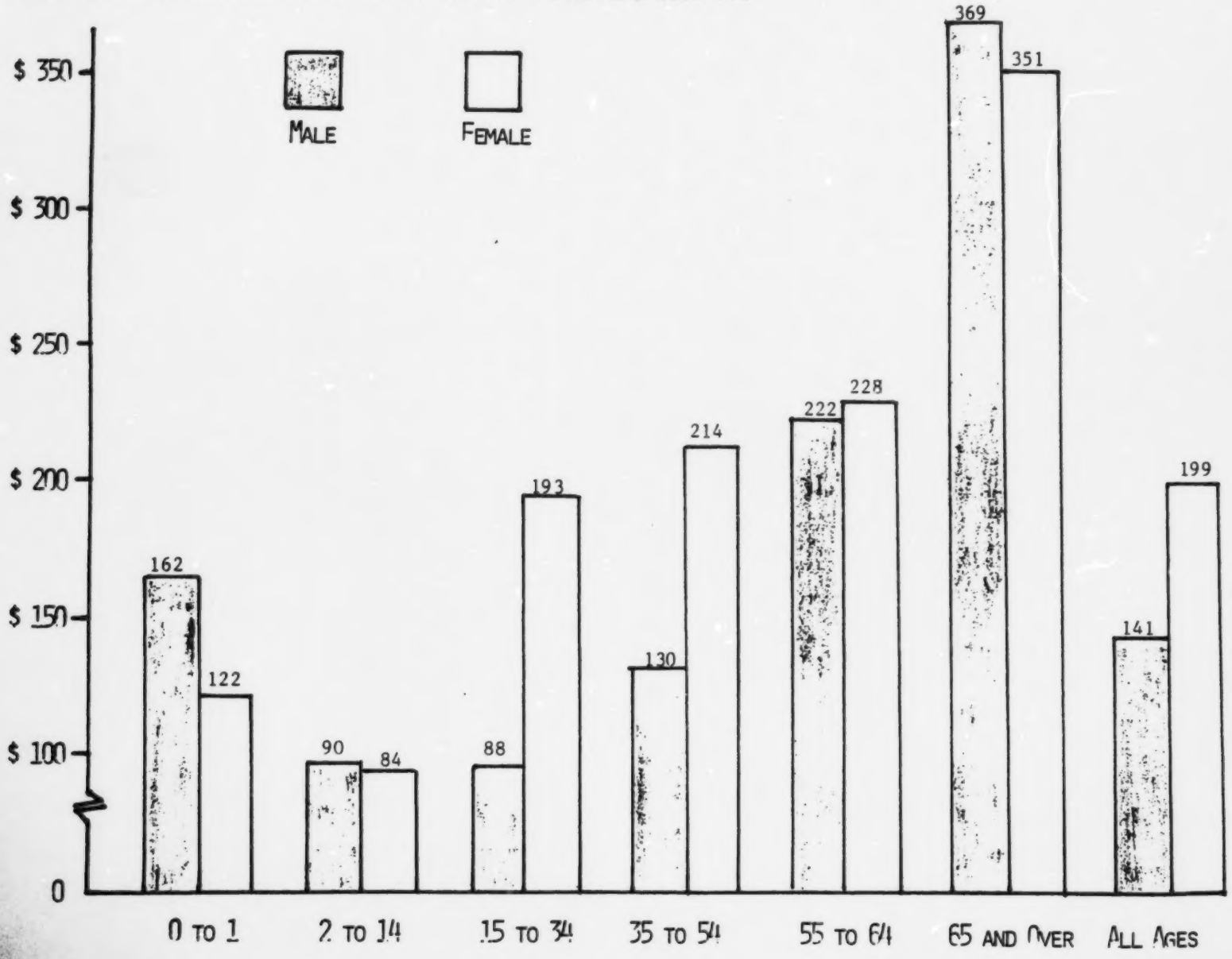


TABLE X

Medical and Other Health Services Average Cost per Patient by Type of Practice, 1981/82 to 1985/86.

Type of Practice	1981/82 $	1982/83 $	1983/84 $	1984/85 $	1985/86 $
Internal Medicine	50.36	54.59	58.93	60.64	63.60
Internal Medicine - Neurology	61.34	67.01	68.32	69.12	71.90
Paediatrics	41.29	47.57	49.79	49.89	50.52
Psychiatry	254.60	280.77	300.89	314.84	329.72
Surgery - General	95.05	107.71	116.86	121.81	127.54
- Thoracic and Cardiovascular	300.88	370.03	412.74	406.40	391.85
- Plastic	119.51	135.33	132.26	128.00	127.85
- Urological	119.53	126.54	134.29	133.43	137.75
- Orthopaedic	78.47	85.48	90.23	92.47	97.59
- Neurological	146.62	170.79	212.93	198.03	227.96
Ophthalmology	41.35	48.05	53.45	57.17	59.81
Otorhinolaryngology	53.00	59.48	61.42	66.27	67.11
Dermatology	37.42	42.25	43.39	44.01	46.54
Radiology	16.21	18.83	20.20	21.01	22.12
Pathology	29.37	32.60	31.98	34.70	33.11
Obstetrics and Gynaecology	73.33	83.42	89.37	93.90	97.96
Anaesthesia	77.62	86.81	89.44	92.90	99.80
General Practice - Urban	41.94	47.51	47.67	47.57	47.84
- Rural	46.93	51.29	53.44	53.78	53.69
- Emergency Medicine	-	-	-	-	24.13
Physical Medicine	93.00	101.52	91.51	88.62	107.48
Oral, Dental, and Periodontal Surgery	185.17	206.04	218.10	220.01	245.86
Optometry	18.85	22.23	22.96	23.53	24.08
Chiropractic	38.30	43.96	47.92	47.98	50.56

TABLE-10

TABLE XI

Medical Costs and Percent Distribution by Type of Service, 1984/85 and 1985/86.

Type of Service	1984/85		1985/86	
	Costs $	Percent Distribution	Costs $	Percent Distribution
Office Visits	72,469,390	41.3	76,965,065	40.6
Laboratory	21,025,269	11.9	23,771,824	12.6
Major Surgery	16,486,025	9.4	17,585,130	9.3
Other Diagnostic/Therapeutic Services	14,433,624	8.2	15,410,956	8.1
Consultations	12,367,326	7.0	13,847,843	7.3
Hospital Visits	9,439,097	5.4	9,573,694	5.1
Diagnostic Radiology	8,302,976	4.7	9,221,457	4.9
Anaesthesia	5,890,186	3.3	6,653,051	3.5
Obstetric Services	5,432,604	3.1	5,757,869	3.0
Special Visits	5,081,727	2.9	5,243,490	2.8
Minor Surgery	2,115,223	1.2	2,232,241	1.2
Surgical Assistance	1,987,801	1.1	1,849,176	1.0
Miscellaneous Services	929,748	0.5	1,078,858	0.6
Total[1]	175,960,996	100.0	189,190,654	100.0

TABLE-11

[1]Excludes Out-of-Province Medical as well as Optometric, Oral, Dental, Periodontal, and Chiropractic Services and Costs.

TABLE XII

Average and Median Payments ($30,000 Gross) to Physicians by Specialty of Practice. Amounts Represent Gross Payments from M.H.S.C. from which the Physicians must pay overhead costs, 1984/85 and 1985/86.

Type of Practice	Number of Physicians		Average Payment[1]		Median Payment[1]	
	1984/85	1985/86	1984/85 $	1985/86 $	1984/85 $	1985/86 $
Internal Medicine	134	141	114,520	119,000	86,770	90,440
Internal Medicine - Neurology	11	11	128,600	142,390	128,260	121,780
Paediatrics	56	60	127,490	124,530	119,720	122,460
Psychiatry	82	91	112,260	109,590	108,880	109,670
Surgery - General	68	65	140,550	150,850	134,950	158,540
- Thoracic and Cardiovascular	11	12	189,940	186,420	189,410	170,430
- Plastic	8	9	194,030	175,810	194,350	221,780
- Urological	17	16	163,850	179,060	158,010	163,450
- Orthopaedic	29	28	146,430	159,530	135,510	163,690
- Neurological	5	5	95,360	122,830	111,410	120,770
Ophthalmology	27	32	160,720	154,920	132,360	115,570
Otorhinolaryngology	23	22	138,520	140,830	133,500	139,960
Dermatology	13	12	139,550	161,000	132,930	143,720
Radiology	42	44	156,000	166,210	-3	-3
Pathology	14[5]	14[5]	-4	-4	-4	-4
Obstetrics and Gynaecology	60	61	142,240	150,240	142,860	145,030
Anaesthesia	67	69	96,600	100,080	-3	-3
General Practice - Urban[2]	400	414	97,600	99,850	94,000	96,600
- Rural	248	252	113,490	115,790	111,170	113,850
- Emergency Medicine	-	9	-	53,430	-	57,970
Physical Medicine	6	6	62,220	87,470	61,620	85,630
All Physicians	1,321	1,373	116,500	119,390	109,450	112,100

TABLE-12

NOTE: Specialty of Practice is according to M.H.S.C. records as at March 31 each year.

[1](a)Includes payments issued directly to health practitioners, as well as payment to patients where the health practitioner has "opted-out" of the Plan. The Average Payments exclude remuneration from the University of Manitoba to geographic full-time clinical teaching staff. For Radiology the Average Payment represents professional services only and includes salary and contract payments made through hospitals, representing 64.9% of professional income in 1985/86. The Average Payment for Physical Medicine, Anaesthesia, and Psychiatry also includes payments made by hospitals. For health practitioners (except Radiology, Physical Medicine, Psychiatry, and Anaesthesia), all other income from hospital contracts, uninsured services, non-residents, Worker's Compensation, etc. are excluded. Payments made for laboratory services to registered facilities are also excluded, as it is not possible to separate the technical and professional components.

(b)The Average Payment reflects a 2.0% overall increase in the schedule of fees during 1985/86.

[2]Includes Brandon and Winnipeg.

[3]Median is not calculated because some hospital payments are allocated in bloc and not to the individual.

[4]Average and median are not calculated because it is not possible to separate the technical and professional components.

[5]Eleven are registered as pathologists; the remaining three are registered as either internists or general practitioners, but their practice is primarily as directors of labortories being recognized by the College of Physicians and Surgeons as specialists in laboratory medicine.

TABLE XIII

Average and Median Payments ($30,000 Gross) for Oral, Dental, and Periodontal Surgery, Optometry, and Chiropractic. Amounts represent Gross Payments from M.H.S.C. from which the Practitioners must pay overhead costs, 1984/85 and 1985/86.

Type of Practice	Number of Practitioners		Average Payment		Median Payment	
	1984/85	1985/86	1984/85 $	1985/86 $	1984/85 $	1985/86 $
Oral, Dental, and Periodontal Surgery	9	9	111,980	107,960	128,790	123,200
Optometry	66	68	57,230	63,310[1]	51,520	59,840[1]
Chiropractic	81	94	79,700	79,980	78,810	79,830

TABLE-13

[1]Average and Median Payments reflect increases of 2.78% to Optometry, in its schedule of fees on April 1, 1985.

TABLE XIV

Medical and Other Health Services and Costs, 1984/85 and 1985/86.

Type of Practice	Number of Services		Costs	
	1984/85	1985/86	1984/85 $	1985/86 $
Internal Medicine	868,056	924,136	15,913,970	17,340,820
Internal Medicine - Neurology	43,413	45,771	1,431,534	1,602,001
Paediatrics	551,694	558,523	7,693,361	8,022,542
Psychiatry	502,502	527,860	7,544,507	8,286,761
Surgery - General	281,621	273,928	9,751,285	10,093,184
- Thoracic and Cardiovascular	15,684	16,329	2,089,309	2,109,904
- Plastic	31,296	32,551	1,552,276	1,582,244
- Urological	64,586	64,424	2,785,497	2,952,713
- Orthopaedic	114,039	115,771	4,245,531	4,537,410
- Neurological	8,504	9,604	506,573	638,741
Ophthalmology	131,100	140,043	4,388,531	4,883,527
Otorhinolaryngology	121,628	113,420	3,211,556	3,156,291
Dermatology	132,527	142,124	1,814,133	1,940,910
Radiology[1]	634,611	681,538	8,684,249	9,641,888
Pathology	2,943,660	3,158,905	19,174,827	21,800,581
Obstetrics and Gynaecology	304,691	328,351	8,529,060	9,257,546
Anaesthesia	73,955	88,170	4,769,651	5,567,803
General Practice - Urban[2]	3,308,616	3,450,286	41,344,855	43,909,202
- Rural	2,402,278	2,432,129	30,276,422	31,293,973
- Emergency Medicine	-	6,533	-	119,566
Physical Medicine	29,106	42,242	253,873	453,047
Sub-Total In-Province Medical Services	12,563,567	13,152,638	175,961,000	189,190,654
Out-of-Province Doctors	124,568	129,453	2,696,805	3,028,540
Out-of-Province Agreement	10,089	9,576	143,068	151,086
Total Medical Services	12,698,224	13,291,667	178,800,873	192,370,280
Oral, Dental, and Periodontal Surgery	14,962	14,039	1,180,326	1,172,025
Optometry	181,632	197,351	4,045,449	4,515,197
Optometry Out-of-Province Agreement	137	132	3,108	3,061
Chiropractic	685,099	781,531	6,669,808	7,621,812
Chiropractic Out-of-Province Agreement	3,680	2,216	37,792	22,229
Total Other Health Services	885,510	995,269	11,936,483	13,334,324
Grand Total Services	13,583,734	14,286,936	190,737,356[3]	205,704,604[3]

TABLE-14

[1]Includes both technical and professional components of fee.

[2]Includes Brandon and Winnipeg.

[3]Figures include $1,595,360 for 1984/85 and $1,770,912 for 1985/86 which represent the value of services submitted by salaried physicians.

FINANCIAL SUMMARY OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 1986

HOSPITAL SERVICES

The Commission provides for all reasonable costs incurred by Manitoba hospitals in providing insured services to Manitoba residents. There are 101 hospitals in Manitoba that receive payments from the Commission; 20 are federal hospitals, 18 of which are northern nursing stations; and 81 are public general hospitals. Budget submissions from the public general hospitals are reviewed each year and rates of payment to all hospitals are established by regulation of the Commission. Total expenditures for hospitals for the year ended March 31, 1986 amounted to $623,646,000. These expenditures, together with comparable figures for the previous year, are summarized as follows:

	1986	1985
	(thousands of dollars)	
Public General Hospitals	$ 599,653	$ 559,542
Federal Hospitals	1,213	1,092
Contract Facilities and Red Cross Blood Transfusion Services	10,697	10,046
Hospitals Outside the Province	12,083	11,044
	$ 623,646	$ 581,724

During the year ended March 31, 1986 the average daily in-patient cost in a public general hospital in Manitoba was $324.08 compared to $296.12 for the previous year, an increase of 9.4%.

The increase for public general hospitals approximates $40.0 million. Of this increase, $25.9 million is due to increased salary and supply costs, $9.9 million is for new/renovated facilities and $4.2 million is for the re-institution of equipment depreciation funding.

MEDICAL AND OTHER HEALTH SERVICES

Medical costs incurred by residents of Manitoba are financed by the Commission in accordance with rates set out in the M.H.S.C. Schedule of Benefits or on the basis of special arrangements approved by the Commission. Costs of chiropractic and optometric services, dental and oral surgery, and specific prosthetic and orthotic devices and services are covered as established by regulations under The Health Services Insurance Act.

A summary of expenditures for medical and other health services for the year ended March 31, 1986, together with comparable figures for the previous year is as follows:

	1986	1985
	(thousands of dollars)	
Medical Services	$ 189,401	$ 177,648
Dental and Oral Surgery	1,172	1,180
Salary and Other Payments to Physicians	11,565	9,961
Total Medical Services	202,138	188,789
Optometric Services	4,423	3,966
Chiropractic Services	7,482	6,777
Prosthetic and Orthotic Devices	2,911	2,765
Total Other Health Services	14,816	13,508
Total Medical and Other Health Services	$ 216,954	$ 202,297

PERSONAL CARE HOME SERVICES

The Commission provides for reasonable costs incurred by Manitoba personal care homes in providing insured personal care services to Manitoba residents. The program includes the supplying of prescription drugs as a benefit to insured residents in personal care homes. Insured residents were required to pay an average residential charge of $15.77 per day during the year ending March 31, 1986. Residential charges during the year were as follows:

April 1, 1985	-	$14.80
May 1, 1985	-	15.25
August 1, 1985	-	15.70
November 1, 1985	-	16.15
February 1, 1986	-	16.60

As at March 31, 1986 there were 8,245 beds included in the program (5,910 non-proprietary beds and 2,335 proprietary beds).

A summary of expenditures of the personal care program for the year ended March 31, 1986 together with comparable figures for the previous year is as follows:

	1986	1985
	(thousands of dollars	
Resident Services	$ 144,843	$ 139,438
Drug Costs	4,520	4,315
Adult Day Care	865	730
Therapy Services	1,754	1,659
	$ 151,982	$ 146,142

Program costs increased by $5.8 million. Increased salary and supply costs were $9.2 million, costs of new and renovated facilities were $1.7 million and $.5 million is for the re-institution of equipment depreciation funding. These increased costs were offset in part by a $5.6 million increase in residential charges during the year.

PHARMACARE

Costs of the universal pharmacare program for the year ended March 31, 1986 amounted to $27,617,000 compared with $25,558,000 in the previous year. For the period effective January 1, 1985 to May 31, 1986 the Manitoba Health Services Commission reimbursed resident claimants for 80% of the cost of eligible prescription drugs in excess of $50 for residents age 65 and over and in excess of $100 for residents under age 65.

AMBULANCE PROGRAM

Under this program, grants are made available for approved programs for capital costs of vehicles and communication equipment, for subsidizing operating costs, and for training programs.

The grants are made to municipalities on a per capita basis. In addition to the per capita grant, the Commission provides funds for the training of ambulance personnel. Total cost of the ambulance program for the year ended March 31, 1986 was $2,045,000 compared with $2,010,000 in the previous year.

AIR AMBULANCE PROGRAM

During 1984/85, Government approved the establishment of an air ambulance program to service all of Manitoba. The role of the air ambulance is to provide long distance transport of the acutely sick and injured within the Province of Manitoba.

The program became operational in January 1986. Expenditures for the year ended March 31, 1986 were $1,627,000 compared with initial start-up costs of $112,000 in the previous year.

NORTHERN PATIENT TRANSPORTATION PROGRAM

The purpose of this program is to finance (a) transportation costs for emergencies and urgent hospital-to-hospital transfers and (b) transportation costs for certain elective cases. These services are available to residents of Manitoba who are northern patients and require transportation for medical reasons from or within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg and
- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Costs of this program for the year ended March 31, 1986 amounted to $2,728,000 compared with $2,568,000 for the previous year.

ADMINISTRATIVE EXPENSES

Administrative expenses of the Commission amounted to $14,538,000 for the year ended March 31, 1986 or 1.4% of the total expenditures, compared with $13,780,000 and 1.4% for the previous year.

REVENUE

For the year ended March 31, 1986 the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund.

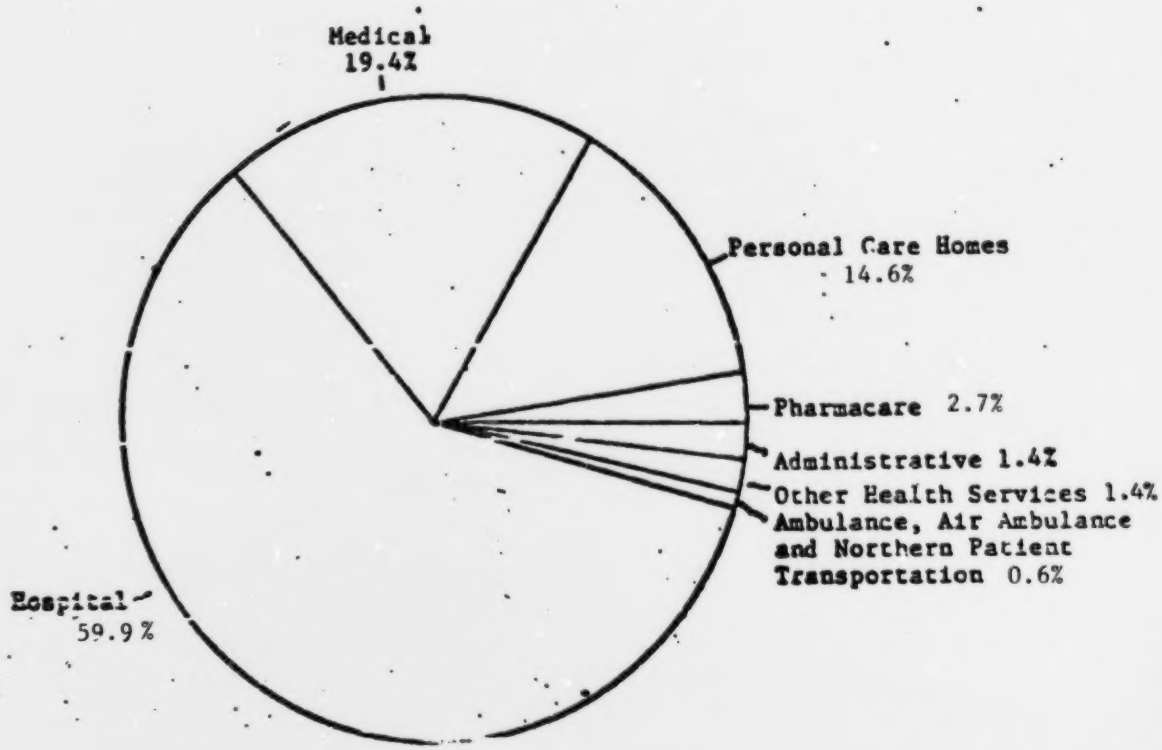
As in the previous year, federal contributions pursuant to the provisions of The Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, 1977, were not received by the Commission but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The total of all revenues of the Commission for the year ended March 31, 1986 is $1,041,109,000 compared with $974,077,000 for the previous year.

WORKING CAPITAL

The financial operations of the Commission for the year ended March 31, 1986 resulted in an excess of expenditure over revenue of $28,000 which resulted in a closing working capital account of $852,000.

Following is a chart showing the Manitoba Health Services Commission's expenditures for the year ended March 31, 1986.



MANITOBA HEALTH SERVICES COMMISSION
COMPARISON OF ACTUAL EXPENDITURES WITH
PLANNED EXPENDITURES FOR THE YEAR ENDED MARCH 31, 1986

Planned expenditures for the year ended March 31, 1986 were $1,024.8 million as compared with actual expenditures of $1,037.2 million, resulting in an overexpenditure of $12.4 million or 1.2% of total expenditures. The overexpenditure was authorized by a Special Warrant and duly funded from the Provincial Consolidated Fund.

Manitoba

MANITOBA HEALTH SERVICES COMMISSION

REPORT OF THE PROVINCIAL AUDITOR'S OFFICE

We have examined the financial statements, being Statements A, B, C and Schedule 1, of the Manitoba Health Services Commission for the fiscal year ended March 31, 1986. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1986 and the results of its operations for the year then ended in accordance with the accounting policies stated in Note 1 to the financial statements applied on a basis consistent with that of the preceding year.

F. H. Jackson, C.A.,
Provincial Auditor.

June 17, 1986,
Winnipeg, Manitoba.

MANITOBA HEALTH SERVICES COMMISSION

BALANCE SHEET

AS AT MARCH 31, 1986

(With 1985 Figures for Comparison)

ASSETS

	1986	1985
	(thousands of dollars)	
Cash on hand and in bank	$ 5,050	$ 166
Funds on deposit, Government of the Province of Manitoba	40,852	43,028
Accounts receivable:		
Government of the Province of Manitoba (Note 6)	639	79
Other Provinces and Territories	4,681	4,253
Other	421	740
	5,741	5,072
Land, buildings, furniture and equipment at nominal value of one dollar (Note 1)	-	-
	51,643	48,266
Funds held in trust re debenture trust agreements (per contra) (Notes 2 & 3)	20,345	18,121
	$ 71,988	$ 66,387

LIABILITIES

	1986	1985
	(thousands of dollars)	
Accounts payable and accrued charges:		
Hospital and personal care home services:		
Liability for unreported claims	$ 3,640	$ 2,616
Estimated adjustment payments under section 87(2) of The Health Services Insurance Act and other costs, net	14,796	10,855
	18,436	13,471
Medical services claims	20,936	22,293
Pharmacare claims	8,966	9,086
Ambulance grants	265	285
Air ambulance	192	53
Northern patient transportation claims	73	97
Other health services claims	1,361	1,560
General	562	541
	50,791	47,336
Working capital account, Statement C	352	930
	51,643	48,266
Funds held in trust re debenture trust agreements (per contra)	20,345	18,121
	$ 71,988	$ 66,387

The accompanying notes on pages 114 to 121 are an integral part of the financial statements.

Statement B

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED MARCH 31, 1986

(With 1985 Figures for Comparison)

	1986	1985
	(thousands of dollars)	
Revenue:		
Grants from the Government of the Province of Manitoba	$1,037,199	$ 969,662
Third party recoveries (Note 1)	3,856	4,314
Miscellaneous income	54	101
Total revenue	$1,041,109	$ 974,077
Expenditure:		
Hospital services:		
Hospitals within the Province (Note 7)	$ 611,563	$ 570,680
Hospitals outside the Province	12,083	11,044
	623,646	581,724
Medical services	202,138	188,789
Personal care home services (Note 7)	151,982	146,142
Pharmacare program	27,617	25,558
Ambulance program	2,045	2,010
Air ambulance program	1,627	112
Northern patient transportation program	2,728	2,568
Other health services (Note 5)	14,816	13,508
Administrative expenses, Schedule 1	14,538	13,780
Total expenditure	$1,041,137	$ 974,191
Expenditure over revenue, Statement C	$ 28	$ 114

The accompanying notes on pages 114 to 121 are an integral part of the financial statements.

Statement C

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF WORKING CAPITAL ACCOUNT

FOR THE YEAR ENDED MARCH 31, 1986

(With 1985 Figures for Comparison)

	1986	1985
	(thousands of dollars)	
Balance, beginning of year	$ 880	$ 994
Less, expenditure over revenue, Statement B	28	114
Balance, end of year, Statement A	$ 852	$ 880

The accompanying notes on pages 114 to 121 are an integral part of the financial statements.

Schedule 1

MANITOBA HEALTH SERVICES COMMISSION

SCHEDULE OF ADMINISTRATIVE EXPENSES

FOR THE YEAR ENDED MARCH 31, 1986

(With 1985 Figures for Comparison)

	1986	1985
	(thousands of dollars)	
Salaries and employee benefits	$ 10,108	$ 9,696
Office equipment	1,663	1,562
Professional services	636	543
Stationery and office supplies	522	437
Postage, express and delivery	382	364
Pension payments (Note 1)	291	251
Grant in lieu of realty taxes	167	160
Health and post-secondary education tax levy	151	141
Maintenance of land, building and office equipment	144	141
Telephone	144	138
Travel	117	107
Utilities	94	92
Bank charges	77	84
Miscellaneous	30	34
Commissioners' remuneration	7	9
Building renovations	5	21
	$ 14,538	$ 13,780

The accompanying notes on pages 114 to 121 are an integral part of the financial statements.

MANITOBA HEALTH SERVICES COMMISSION

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 1986

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared on an accrual basis of accounting except for the following:

(i) PENSION

In accordance with the provisions of the Manitoba Civil Service Superannuation Act, the Commission contributes 50% of the pension disbursements made to retired employees. Such payments are charged to expense as incurred. A provision is not made in the accounts to fund current or past service obligations of the Commission to the Civil Service Superannuation Fund. On the basis of an actuarial report, the unfunded provision for the Commission's employees amounted to $11,971,000 as at December 31, 1985 ($10,516,000 as at December 31, 1984).

(ii) THIRD PARTY RECOVERIES

Third party recoveries are recorded on a cash basis.

(iii) INVENTORIES

Purchases of supplies are charged to operating expenditures as incurred. The Commission does not record the value of supplies on hand as an asset.

(iv) LAND, BUILDINGS, FURNITURE AND EQUIPMENT

Land, buildings, furniture and equipment are charged to operating expenditures in the year of acquisition. As at March 31, 1986, the Commission owns the following fixed assets:

1. Land and buildings of the Rehabilitation Centre for Children, Inc.
2. Land on which the building owned by the Manitoba Adolescent Treatment Centre Inc. is located.
3. Land and buildings of the Deer Lodge Centre Inc.
4. Land on which the Rideau Park Personal Care Home Inc. is to be located.
5. Land on which the new building to be owned by Klinic Inc. is to be located.
6. Diagnostic equipment located in the provincial laboratory and x-ray units throughout the Province.
7. Furniture and equipment located in the administration building.

The Commission is in the process of effecting the transfer of title to its administration building and land to the Government of the Province of Manitoba. The Commission will retain its use of and control over these assets.

NOTE 2. FUNDS HELD IN TRUST RE DEBENTURE TRUST AGREEMENTS

At March 31, these funds were on deposit as follows:

	1986	1985
	(thousands of dollars)	
Bank	$ 17,174	$ 15,319
Government of the Province of Manitoba	3,171	2,802
	$ 20,345	$ 18,121

NOTE 3. CAPITAL FINANCING

Hospitals and personal care homes have obtained financing for capital construction by issuing debentures, or arranging for mortgages or long-term loans. The Hospital Capital Financing Authority, which was established in 1972, approves the issue of all securities to finance these capital expenditures and assists in obtaining an orderly market for the sale of the securities.

Funds for servicing approved capital debt incurred for the construction and acquisition of facilities for the provision of insured services are included in the Commission's expenditures. For the year ended March 31, 1986 the amount related to interest and principal payments included in the expenditures for hospital and personal care home services shown on Statement B was $53,302,000 ($45,056,000 for the year ended March 31, 1985).

In accordance with arrangements with the hospitals and personal care homes, the Commission either holds in trust or disburses to the Province and other trustees, out of funds payable by it to these facilities, sufficient moneys to meet the interest and principal payments and sinking fund provisions for debentures.

At March 31, 1986 the amount of $20,345,000 ($18,121,000 as at March 31, 1985) shown on the balance sheet was being held by the Commission to meet future obligations for:

	1986	1985
	(thousands of dollars)	
Principal and interest payments to the debenture trustees payable in the next fiscal year	$ 14,737	$ 13,425
Sinking funds for the retirement of debentures	5,608	4,696
	$ 20,345	$ 18,121
In addition, sinking funds were being held by other trustees for the retirement of debentures at March 31	$ 12,223	$ 7,506

As at March 31, the approved outstanding capital debt of hospitals and personal care homes was:

	1986	1985
	(thousands of dollars)	
Canadian Dollars		
Debentures:		
Hospitals	$210,429	$213,947
Less, accumulated sinking funds	17,831	12,202
	192,598	201,745
Personal care homes	12,061	13,212
	204,659	214,957
Mortgages:		
Personal care homes(1)	57,555	55,822
Other:		
Hospitals	17,215	12,141
Personal care homes	3,747	3,192
	20,962	15,333
	$283,176	$286,112
United States Dollars		
Debentures:		
Hospitals	$ 10,500	$ 11,225

(1) Includes $20,519,000 ($18,577,000 as at March 31, 1985) National Housing Act mortgages which are subsidized by the Canada Mortgage and Housing Corporation.

In addition to the approved outstanding debt, lines of credit up to $126,505,000 ($55,675,000 as at March 31, 1985) have been approved to finance capital projects currently in process. On completion of these projects, the borrowings will be converted to long-term debt.

NOTE 4. LEASE COMMITMENT

Effective November 1, 1985, the Commission entered into a lease purchase agreement for the acquisition of an aircraft for the air ambulance program. The interest rate for the lease is equal to the monthly bank prime rate.

Based on a 10% average monthly prime interest rate, the future annual lease payments will be:

Year Ending March 31	Annual Lease Payments (thousands of dollars)
1987	$ 1,044
1988	1,044
1989	1,044
1990	1,044
to October 31, 1990	609
	$ 4,785

Under the terms of the lease, the Commission has the option to purchase the aircraft on November 1, 1990 at a price of $1,217,000, or to continue to lease the aircraft for an additional 16 months at $81,000 per month.

NOTE 5. OTHER HEALTH SERVICES

This group of expenditures consists of:

	1986	1985
	(thousands of dollars)	
Optometric	$ 4,423	$ 3,966
Chiropractic	7,482	6,777
Prosthetic and orthotic	2,911	2,765
	$ 14,816	$ 13,508

NOTE 6. MANITOBA CHILDREN'S DENTAL PROGRAM

Effective April 1, 1985, the Commission assumed responsibility for processing and payment of claims under the Manitoba Children's Dental Program. The Department of Health is responsible for the establishment of policy for the administration of the program and for providing the Commission with funds for the payment of approved claims.

For the year ended March 31, 1986, the Commission paid claims for approved services amounting to $1,482,000. Of this amount, $1,005,000 was recovered from the Department of Health during the year. The balance of $477,000 is included in accounts receivable - Government of the Province of Manitoba as at March 31, 1986. These payments and recoveries have been excluded from the statement of revenue and expenditure.

The Commission's direct administrative costs for processing the payment of claims are not recovered from the Department. These costs amounted to approximately $130,000 for the year ended March 31, 1986.

NOTE 7. HOSPITAL AND PERSONAL CARE HOME SERVICES

The Commission provides funds to hospitals and personal care homes to establish reserves for the replacement of equipment. For the year ended March 31, 1985 the Commission deferred the funding of these reserves for one year. The deferral amounted to $4,200,000. The Commission re-instituted funding of these reserves for the year ended March 31, 1986.